Marcellus Investment Managers Private Limited

MARCELLUS

PMS REDEMPTION REQUEST FORM

I / We hereby request you to close my/our account with you as per the following details: **Date:** DD/MM/YYYY

PMS ACCOUNT DETAILS

PMS Account code:	
Name of Sole/First Holder:	
Name of Second Holder:	
Name of Third Holder:	

REDEMPTION DETAILS (Please ✓tick anyone)

Part Redemption ☐	Full Redemption ☐
Amount in Figures: *(Applicable only for partial redemption): -* _____	

REASON FOR REDEMPTION

Portfolio Performance ☐	Liquidity-Fund Requirement ☐	Market Volatility ☐
Service issue ☐	Others Reason:_____	

PAYOUT OPTION (Please ✓ tick anyone)

Cash Payout ☐	Stock Transfer* ☐ *(Note: *Stock transfer is not available for Part Redemption)*

***a. Bank details for Redemption amount Cash Payout.* (Please ✓tick anyone)**

☐ Registered Bank	☐ New Bank as per below details**

*****Bank Details: (In case of Multiple Bank is Registered, please mentioned anyone bank account details for Payout)***

Client Name as per Bank		Account Number:	
Account Type:		IFSC Code:	
Bank Name:		Bank Branch & City	

b. Target Demat details If Payout Option selected is "Stock Transfer" or any Restricted stock Transfer.

DP ID	
Client ID	

(Note: Funds will be transferred after deducting all fees and statutory charges.)

Encl: - a) Personalized cancel cheque leaf will be required in case of a new bank other than the registered bank.
b) CMR Copy Stamped by DP & attested by authorized Person of DP.

Note: Full Redemption will be constituted as Closure of a PMS Account and closure of Demat account shall be mandatory.

Name: *First Applicant*	Name: *Second Applicant*	Name: *Third Applicant*
(Signature)	(Signature)	(Signature)

AXIS BANK

Savings/Current Account Closure Form

Account number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Date: ☐☐☐☐☐☐☐☐

Name of the account holder: ----------

Reason for closure of Account (Please select any one reason)

1. ☐ Deficiency in Branch Services
2. ☐ Monthly/ Quarterly/ Half yearly charges on higher side
3. ☐ Shifted to other location where there is No Axis Bank
4. ☐ Monthly/ Quarterly/ Half yearly balance on higher side
5. ☐ Dissatified with the present product offering
6. ☐ Moving to other Bank- Foreign/ Private Bank
7. ☐ Moving to other Bank- Nationalise/ Co-operative Bank
8. ☐ Opening the account in some different scheme code
9. ☐ Deceased case/ Change in constitution/ Legal case
10. ☐ Other relationship with the Bank are closed

DESIRED MODE FOR RECEIPT OF CLOSURE PROCEEDS

Please select desired mode of remittance for receiving closure proceeds.

1. ☐ **NEFT/RTGS** Account Type: A) ☐ Resident Savings Account B) NRI: ☐ NRE ☐ NRO C) ☐ Current Account

   Bank Details: Bank Name

   Other Bank Account No: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ IFSC Code: ☐☐☐☐☐☐☐☐☐☐☐

   Reconfirm Bank Account No: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

   Name of the Account holder:
2. ☐ To Another Axis Bank Account: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
3. ☐ By Demand Draft (Will be delivered only at the mailing address and cannot be made to third party accounts).

Declaration

1. The fund transfer will be governed by the Terms and Conditions given on our website www.Axisbank.com. 2. I/We understand that as per RBI Circular dated October 14,2010 transfer of funds through electronic mode will be executed only on the basis of the account number of then beneficiary provided while initiating the transaction. 3. I understand that this facility is available only at select location and banks covered under Electronic Funds Transfer Facility ordered by RBI. 4. I/We declare that above details are true and correct and the account is in my/our name. 5. Standing Instruction/ Demat Account/ Locker/ OSC, SB & Current A/cs, Credit Card(s), etc will be delinked from the Account 6. I/We further declare that I/We have already destroyed/authorise Axis Bank to destroy all Cheque Leafs/Books and ATM/Debit Card linked to above account. 7. Cancelled cheque copy to be attached along with the request if the closure proceeds are >₹25000. 8. If mode of remittance is not selected or Remittance through NEFT/ RTGS is returned due to any reason, then by default DD/ PO will be issued. 9. In case of company account necessary board resolution to be provided. 10. Closure fund will be remitted through NEFT/RTGS on T+1 working day

Signature of all applicants mandatory (in case of more signatory please use another form)

Signature of Account Holder/ Authorised Signatory	Signature of Account Holder/ Authorised Signatory	Signature of Account Holder/ Authorised Signatory	Signature of Account Holder/ Authorised Signatory
Name	Name	Name	Name

BANK USE ONLY

Approval enclosed for Lien Removal/ Charge reversal/CVS: ☐ Branch Head ☐ Cluster Head ☐ Circle Head ☐ Regional/Product Head

Certified that this Request letter is complete in all aspect & all relevant documents are obtained & verified Mode of Operation and signature of the A/c. The request may please be processed.

☐ Operations Head. ☐ Branch Head.

Signature

EMP No._____ S.S No_____ Designation. _____

Name

Acknowledgment

We acknowledge receipt of Saving/Current account closure form by you in favour of

Name of account holder:

Account No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Date of Receipt: ☐☐☐☐☐☐☐☐

Branch stamp and sign

AXIS BANK

Savings/Current Account Closure Form

Account number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Date: ☐☐☐☐☐☐☐☐

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☐ Operations Head. ☐ Branch Head.

Signature

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Name of account holder:

Account No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Date of Receipt: ☐☐☐☐☐☐☐☐

Branch stamp and sign

AXIS BANK

APPLICATION FOR CLOSING DEMAT ACCOUNT

(For Beneficiary Account only)

To

Axis Bank Ltd.,
Depository Services, Gigaplex, Building no. 1,
4th Floor, Plot no. I.T.5, MIDC, Airoli Knowledge Park
Airoli, Navi Mumbai – 400708
dp.operations@axisbank.com

Date: _____

I/We hereby request you to close my/our account with you as per following details:

DP ID: | I | N | 3 | 0 | 0 | 4 | 8 | 4 |

Client ID: | | | | | | | | |

1) Please tick the applicable option(s)

☐ **Option A** [There are no balances/holdings in this account]

☐ **Option B**

[Transfer the balances / holdings in this account as per details given]

☐ Transfer to my/our own account (Provide target account details and enclose Client Master Report of Target Account)

☐ Transfer to any other account (submit duly filled Delivery Instruction Slip signed by all holders)

Target Account Details

☐ NSDL	DP ID	
☐ CDSL	Client ID	

☐ **Option C** [Rematerialise/Reconvert (Submit duly filled Remat/Reconversion Request Form-for mutual fund units)]

2) Reasons for closure of depository account (Please tick the reasons for closing the Demat Account)

☐ Consolidation of Accounts ☐ Shifting to a new location where Axis Bank is not present

☐ Unsatisfactory services ☐ High Charges ☐ Others (Please specify) _____

_____

3) Confirmation for delivery instruction slips

☐ I/We confirm to have surrendered all unutilized delivery instruction slips

☐ I/We confirm to have exhausted / misplaced all delivery instruction slips

4) Mode of payment for outstanding dues (if any)

☐ **Cash Payment**

☐ Please debit my Axis Bank SB A/c No. | | | | | | | | | | | | | | | |

for recovery of my pending dues against my demat account.

Signatures(s) (as per the Bank A/c)

_____ (First/Sole Holder)

_____ (Second Holder)

_____ (Third Holder)

Signature
(with seal of the branch)

	Name(s) (as per the Demat A/c)	Signatures(s) (as per the Demat A/c)
(Sole/First Holder)		
(Second Holder)		
(Third Holder)		

Instructions: 1. Relevant portions to be filled in. 2. Please strike off as N.A. whatever is not applicable. To be submitted in duplicate.

AXIS BANK

Checklist
(To be filled in by Axis Bank Officials)

I confirm having checked all the below mentioned points for the Client ID: | | | | | | | | |

- ☐ Name of the beneficiary owner(s) match with the DP system.
- ☐ Signature(s) of the beneficiary owner(s) match with the DP system.
- ☐ Copy of PAN Card / Proof of Identity / Proof of Address collected for suspended Demat Account (if applicable).
- ☐ No holding exists in the Demat Account / in case of holding target Demat Account Details mentioned on the Demat Account closure request.
- ☐ All pending dues have been recovered by:-

  - **Direct debit**
    Bank a/c no debited | | | | | | | | | | | | | | | |
    Transaction ID _____ Date: _____

  - **Cash Payment**
    Bank a/c no credited | | | | | | | | | | | | | | | |
    Transaction ID _____ Date: _____

_____
Signature
(with seal of the branch)

Date: _____

- Name of the official _____
- Employee Number _____
- Sol ID _____

MOTILAL OSWAL
Investment Services

Account Closure Form

Inward No	
Accepted By	
Accepted Date	
Closed By	
Closed Date	

Date : _____/_____/_____

Closure Initiated By ☐ BO ☐ DP ☐ CDSL ☐ NSDL

To,
Motilal Oswal Financial Services Limited
2nd Floor, Palm Springs Center, Next to D-Mart, New Link Road, Malad (W), Mumbai 400 064

Important Note: - Please check below points before sending Form to HO (All should be NIL).
☐ Ledger Balance NIL ☐ DP Holding NIL ☐ SIP Closed ☐ Shares in Collateral or Debit Stock is NIL

Dear Sir / Madam,
I / We the Sole Holder / Joint Holders / Guardian (in case of Minor) / Clearing Member request you to close my / our account with you from the date of this application. The details of my/our account are given below:

CDSL DP ID	1	2	0													
NSDL DP ID	I	N														

Trading Code BSE, NSE, CASH, F&O & CD MCX & NCDEX	
Name of the First / Sole Holder	
Name of the Second Holder	
Name of the Third Holder	
Address for	
Correspondence	
City	

Details of remaining security balances in the account (if any): (Please attach the annexure)

Reasons for Closing the Account	
Balance remaining in the account (if any) to be :	
☐ Partly rematerialised and partly transferred.	☐ Rematerialised
☐ Transferred to another account (Number given below)	☐ Not applicable

DP ID									Client ID							

Balance present in a/c for (To be filled by DP, if applicable)	☐ Ear-Mark ☐ Pledged ☐ Frozen ☐ Lock-In ☐ Pending for Dematerialization ☐ Pending for Rematerialization

DECLARATION: In case of Account Closure due to SHIFTING OF ACCOUNT:

I/We declare and confirm that all the transactions in my/our demat account are true/ authentic.

	1st Holder	2nd Holder	3rd Holder
Name			
Signature			

Note: This closure form can be used for only one DP account at a time i.e. CDSL or NSDL.

HDFC securities Application for Closing HDFC Securities Trading Account

Date	D	D	M	M	Y	Y

HSL trading account							

Full Name (Details of Trading a/c holder only)

I / We request you to close my /our Securities trading account mentioned above, with HDFC Securities Limited in accordance with the terms stipulated by the client member agreement entered into by me / us with HDFC Securities Limited and other terms and conditions issued by HDFC Securities Ltd from time to time.

I / We fully understand that by virtue of closure of the above Securities Trading Account. I am / we are also closing out the facility of e-IPO, Mutual Fund, Currency derivatives and all other Investment Product as offered by / through HDFC Securities Ltd.

I / we want to close the trading account for the following reason/s. (✓) *tick the below*

- ☐ Service issues with HDFC Securities Limited
- ☐ Charges / Fee related issues
- ☐ Service issues with HDFC Bank Limited
- ☐ Status changes from NRI to RI *(for NRIs only)*
- ☐ Other reasons : _____

I / We further undertake to indemnify HDFC Securities Limited against any loss, claims, damages that may have accrued to HDFC Securities Limited prior to the termination / closure or which may arise out of or in connection with the transactions entered into or acts done or omitted prior to the termination/closure of the above trading account.

Also I / We, the undersigned, Single / Joint Holder/'s wish to de-link the Depository and Savings Account from the Securities Trading Account as given below

HDFC Bank Savings / Demat account															
De-Link my /our savings account as given below from HDFC Securities trading account															
Savings account number															
Cust ID / UCIC ID															
De-Link my / our demat account as given below from HDFC Securities trading account															
DP ID															
Client ID / Demat account no															

In case you wish to close your linked Demat account , kindly submit Demat account closure request duly signed by all the account holders to nearest HDFC Bank Branch providing DP services
(For CDSL demat a/c, mention the 1st eight digits in DP ID section and rest eight digits in Client ID / Demat a/c no section)

First Holder Name	Second Holder Name (incase of multiple holders)	Third Holder Name (incase of multiple holders)
Sign Here ⇨	Sign Here ⇨	Sign Here ⇨

Please send this application to the below mentioned office address
HDFC Securities Limited
Trade Globe, 2nd Floor, Kondivita Junction, Andheri Kurla Road, Andheri (East),
Mumbai - 400 059. Tel. No -022 39019400 Website: www.hdfcsec.com

Version 1.1

Annexure

Request for addition/deletion of beneficiary account details for execution of off-market transfer

To <Participant's Name > <Participant's Address >	Date	D	D	M	M	Y	Y	Y	Y
DP ID	I	N							
Client ID									
Sole/First Holder Name									
Second Holder Name									
Third Holder Name									

I/We hereby inform you that I/we wish to add/delete the beneficiary accounts details below for execution of off-market transfers including inter-depository transfers.

☐ Add ☐ Delete	Beneficiary DP ID								
	Beneficiary Client ID								
	PAN of the First Holder								
☐ Add ☐ Delete	Beneficiary DP ID								
	Beneficiary Client ID								
	PAN of the First Holder								
☐ Add ☐ Delete	Beneficiary DP ID								
	Beneficiary Client ID								
	PAN of the First Holder								

1._____ **2.**_____ **3**_____

Authorised Signatory (ies)

Participant Authorisation

Name:
Signature:

Participant's Stamp & Date