

**PMS REDEMPTION REQUEST/SWITCH REQUEST**

Date: DD/MM/YYYY

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

**PMS ACCOUNT DETAILS**

<b>PMS Account Code</b>	
Sole/ First Holder	
Second Holder	
Third Holder	
Amount in figures:	
Amount in words:	

**REASON FOR REDEMPTION**

Portfolio Performance <input type="checkbox"/>	Liquidity-Fund Requirement <input type="checkbox"/>	Market Volatility <input type="checkbox"/>
Service issue <input type="checkbox"/>	Others: _____	

**REDEMPTION DETAILS**

Part Redemption <input type="checkbox"/>	Full Redemption <input type="checkbox"/>
Switch from Product From: _____ to: _____ (Product Name e.g. CCP/KCP/STP)	

**PAYOUT OPTION: (Not Applicable for Switch)**

**A) STOCK TRANSFER:**  
 NSDL  CDSL

DP ID	
CLIENT ID	

*(Note: Stock transfer option is not available for Part Redemption)*

**B) BANK TRANSFER**

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

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

**FEE RECOVERY OPTION: Tick only if you have selected Stock Transfer in Payout Option or for Switch case**

Recover by Selling Stocks <input type="checkbox"/>	Bank Transfer <input type="checkbox"/>
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**Encl:** - a) Personalized cancel cheque leaf attached. 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 De mat account shall be mandatory

Name: <i>First Applicant</i>	Name: <i>Second Applicant</i>	Name: <i>Third Applicant</i>
(Signature)	(Signature)	(Signature)

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**APPLICATION FOR CLOSING AN ACCOUNT  
(For Beneficiary Account only)**

Date	D	D	M	M	Y	Y	Y	Y
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To,  
**HDFC Bank Limited**  
 Depository Services, Lodha-I Think Techno Campus, Kanjurmarg (E), Mumbai 400042.  
 DP ID: IN300126 / IN301151 / IN301549 / IN300476 / IN300601 / IN301436.

**Instructions to the Applicant**

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>Closure request needs to be signed by ALL the account holders. POA holder (if any) cannot sign the closure request.</li> <li>Certified True Copy of Board resolution required in case of 'Corporate account' closure.</li> <li>Corrections (if any) have to be authenticated by ALL the holders</li> <li>Closure request would be rejected in case of any outstanding charges &amp; account would be suspended for debit &amp; credit.</li> <li>Please strike-off as "NA" for details which are not applicable.</li> </ol> | <ol style="list-style-type: none"> <li>In case of transfer cum closure please ensure the following:                     <ol style="list-style-type: none"> <li>At least one of the account holder visits the branch</li> <li>He/she carries a valid original identity proof for verification</li> <li>Additionally, for obtaining waiver of charges please note:                             <ol style="list-style-type: none"> <li>The target account should be in same combination of names and of same type/sub type as source account</li> <li>Submit Client Master List (in crystal format) duly stamped and signed by an official of target DP</li> </ol> </li> </ol> </li> </ol> |
|---|---|

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

Name of the holder(s)	
Sole/ First Holder	
Second Holder	
Third Holder	

2. Reason/s for Closure of depository account: \_\_\_\_\_

3. Client ID (of account to be closed)

DP ID (of the account to be closed)

I	N								

4. Please tick the applicable option(s)

<input type="checkbox"/> <b>Option A</b> [There are no balances / holdings in this account ]																														
<input type="checkbox"/> <b>Option B</b> [Transfer the balances / holdings in this account as per details given].	<input type="checkbox"/> Transfer to my / our own account <i>(Provide target account details and enclose Client Master Report of Target Account duly stamped and signed).</i> <input type="checkbox"/> Transfer to any other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders).</i>																													
<table border="1"> <tr> <th colspan="10">Target Account Details</th> </tr> <tr> <td rowspan="2"> <input type="checkbox"/> NSDL   <input type="checkbox"/> CDSL                 </td> <td>DP ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Client ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		Target Account Details										<input type="checkbox"/> NSDL  <input type="checkbox"/> CDSL	DP ID									Client ID								
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<input type="checkbox"/> NSDL  <input type="checkbox"/> CDSL	DP ID																													
	Client ID																													
<input type="checkbox"/> <b>Option C</b> [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)]																														
<input type="checkbox"/> I / We confirm to have surrendered all unutilized delivery instruction slips																														
<input type="checkbox"/> I / We confirm to have exhausted all delivery instruction slips / misplaced / not traceable																														

5. Signature(s)

Sole / First Holder	
Second Holder	
Third Holder	

**Signature of one of the account holders in the presence of Bank Staff**

Name of the account holder	Signature of account holder	Signature of bank official Name, Emp Code & Stamp

**Acknowledgement**

We hereby acknowledge the receipt of the your request for closing the following Account subject to verification:

DP ID	I	N								Client ID								
Name of Sole / First Holder																		
Name of Second Holder																		
Name of Third Holder																		
Signature of the Authorised Signatory														Seal/ Stamp of Participant				
Date																		

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## SAVINGS/CURRENT ACCOUNT CLOSURE FORM

Date

Account No.

**I/We request you to:**

Close my/our Saving/Current account/s held by me/us

**Pay the proceeds by:**

Cash\*  Manager's cheque/DD  Credit to account \_\_\_\_\_

\*(As per current Income Tax rules , if the account balance at the time of account closure exceeds Rs. 20000/- the payment will be made only by Manager's Cheque)

I/We confirm that all unused cheques issued to me / us have been enclosed / destroyed by me / us

(Nos. From \_\_\_\_\_ To \_\_\_\_\_)

I/ We are enclosing/destroying the ATM/Debit Card/s issued to me / us

(No.1 \_\_\_\_\_) (No.2 \_\_\_\_\_)

**Full Names & Signatures of All Applicants (in case of more applicants, please use an additional form)**

Applicant 1		
Applicant 2		
Applicant 3		
Applicant 4		

**Reason for Closure of Account**

Sr.No.	Pl.tick	Reason <i>(Please select any one)</i>	Reason Code <i>(to be ticked by bank staff only)</i>	Signature
1	<input type="checkbox"/>	Branch/ATM of other bank is suitably located	10,13,14	
2	<input type="checkbox"/>	Product deficiency (features not adequate, other bank's product features are superior)	15	
3	<input type="checkbox"/>	Specific product facility no longer required (overdraft, loan against shares etc.)	20, 21	
4	<input type="checkbox"/>	Unhappy with service provided (service quality, staff behaviour, turnaround time)	5	
5	<input type="checkbox"/>	Corporate Salary Account - Employer changed	9	
6	<input type="checkbox"/>	Service charges/AQB related (high AQB, high charges etc.)	11	
7	<input type="checkbox"/>	Incorrect product assurance by bank (miscommunication)	12	
8	<input type="checkbox"/>	Transferred to a non-HDFC Bank branch location	4	
9	<input type="checkbox"/>	Upgrading/Consolidating Bank Account (Upgrading-only applicable to Current Accounts and No-frills Accounts; Consolidating implies reducing multiple accounts)	8	
10	<input type="checkbox"/>	Account wrongly opened (incorrect name, branch or product type etc.)	69	
11	<input type="checkbox"/>	Change of status - NRI to resident (or vice-versa)	6	
12	<input type="checkbox"/>	Legal/Regulatory/KYC/AML (Income-Tax/KYC/AML/Court order etc.)	1, 39, 40, 44, 47, 48	
13	<input type="checkbox"/>	Customer deceased	2	
14	<input type="checkbox"/>	Tatkal Account - Initial pay-in returned/documents insufficient	68	

**TO BE FILLED IN BY A BANK OFFICIAL**

1. Please include the details of the customer who has proposed for the closure of his/her bank account.

Vintage (no. of months)						
Balance at the time of closing (Rs.)						
AQB in previous 4 quarters (Rs.)						
AQB charges levied in the last quarter	YES / NO					
RTBM Customer (from 7005 screen)	YES / NO					
Transaction Volumes (from 7005 screen)	YTD			3 months		
	CD	CW	CI	CD	CW	CI
Product Holding						

2. Please note the detailed reasons stated by the customer for closure of his/her existing HDFC Bank account after discussion with him/ her.

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3. Please note down the defense put forth to the customer for retaining the account. (for closures with reason codes in Sr. No. 1 to 7 only)

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If the customer opts to retain his/her account with us, please obtain his/her signature below and retain the form for future use.

**Customer Declaration**

I/We confirm that I wish to retain my account with the bank

\_\_\_\_\_

Full Name

\_\_\_\_\_

Signature

**Checklist**

<input type="checkbox"/> ATM Card, if any, destroyed (no.1 _____ ) (no.2 _____ )	<input type="checkbox"/> Credit Card Auto Pay deleted
<input type="checkbox"/> Standing Instructions deleted	<input type="checkbox"/> Super Saver OD limit zeroised
<input type="checkbox"/> Demat Account, if any, delinked	<input type="checkbox"/> Cheque leaves, if any, destroyed (nos. from _____ to _____)

If paid by MC/DD No. : \_\_\_\_\_ Dated \_\_\_\_\_

Balance in a/c : \_\_\_\_\_

Service charges, if any : \_\_\_\_\_

Amount paid : \_\_\_\_\_

Signature verified \_\_\_\_\_  
(Personal Banker)

Approval \_\_\_\_\_  
(Branch Manager)

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To,  
HDFC BANK Ltd,  
Custody Services,  
Kanjurmarg - East,  
Mumbai.

Date:

Dear Sir,

Request for Revocation of Power of Attorney

Bank Account No: \_\_\_\_\_

Demat Client Id: \_\_\_\_\_ DP Id: IN\_\_\_\_\_

I have given Power of Attorney for our above-referred Bank / Demat account to M/s\_\_\_\_\_. I am revoking the said Power of Attorney granted to them.

I request you to register the revocation at the earliest.

Thanking you,

Yours truly,

\_\_\_\_\_  
(Client Name)

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**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 :	
<input type="checkbox"/> Partly rematerialised and partly transferred.	<input type="checkbox"/> Rematerialised
<input type="checkbox"/> Transferred to another account (Number given below)	<input type="checkbox"/> Not applicable

DP ID										Client ID							
Balance present in a/c for (To be filled by DP, if applicable)		<input type="checkbox"/> Ear-Mark	<input type="checkbox"/> Pledged	<input type="checkbox"/> Frozen	<input type="checkbox"/> Lock-In												
		<input type="checkbox"/> Pending for Dematerialization	<input type="checkbox"/> 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.**