

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 <input type="checkbox"/>	Full Redemption <input type="checkbox"/>
Amount in Figures: (Applicable only for partial redemption): - _____	

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 Reason: _____	

PAYOUT OPTION (Please ✓ tick anyone)

Cash Payout <input type="checkbox"/>	Stock Transfer* <input type="checkbox"/> (Note: *Stock transfer is not available for Part Redemption)
a. Bank details for Redemption amount Cash Payout. (Please ✓ tick anyone)	
<input type="checkbox"/> Registered Bank	<input type="checkbox"/> 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: <i>First Applicant</i>	Name: <i>Second Applicant</i>	Name: <i>Third Applicant</i>
(Signature)	(Signature)	(Signature)

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 (Please select any one)	Reason Code (to be ticked by bank staff only)	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.

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)

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)

Date :

The Manager
HDFC Bank Ltd.

Dear Sir / Madam,

Re. : Cancellation of my PIS permission no _____

Closure of PIS Savings account no. _____

I /We wish to cancel, above PIS permission held with you, as I do not intend to purchase and sale the shares in secondary market.

I /We confirm that I will not transact in the secondary market unless I obtain the specific PIS permission in writing from your designated branch, as per the RBI guidelines.

I /We confirm that (Please tick options as applicable)

- I have changed my residential status and now I/We are "Resident Indian"
or
- I do not intend to purchase and sale the shares in secondary market .
or
- I am transferring my PIS permission toBank . Please issue the NOC
and send it to below address

Name of the concerned person and the Bank address as follows

Contact Number: _____ Email address: _____

I /We request you to close my above Portfolio Investment Scheme savings account and transfer the balance to my Non PIS savings account no. _____

Please cancel the Sweep in and Sweepout facility linked to this PIS account.

I /We confirm that I have destroyed the cheque book issued to above PIS savings account.

I /We confirm that there is no any Debit card or ATM card issued to above PIS savings account.

Yours truly,

Signature : 1st Account holder 2nd Account holder 3rd Account holder

Name: _____

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.

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)

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)

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)



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.



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)

[illegible]

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

- | | |
|--|---|
| <input type="checkbox"/> Service issues with HDFC Securities Limited | <input type="checkbox"/> Charges / Fee related issues |
| <input type="checkbox"/> Service issues with HDFC Bank Limited | <input type="checkbox"/> Status changes from NRI to RI <i>(for NRIs only)</i> |
| <input type="checkbox"/> 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

[illegible]

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

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.											
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Beneficiary DP ID										
	Beneficiary Client ID										
	PAN of the First Holder										
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Beneficiary DP ID										
	Beneficiary Client ID										
	PAN of the First Holder										
<input type="checkbox"/> Add <input type="checkbox"/> 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

National Securities Depository Limited

 4th Floor, 'A' Wing, Trade World, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel, Mumbai – 400 013, Maharashtra, India
 Tel.: 91-22-2499 4200 | Fax: 91-22-2497 6351 | email: info@nsdl.com | Web: www.nsdl.co.in
 Corporate Identity Number: U74120MH2012PLC230380