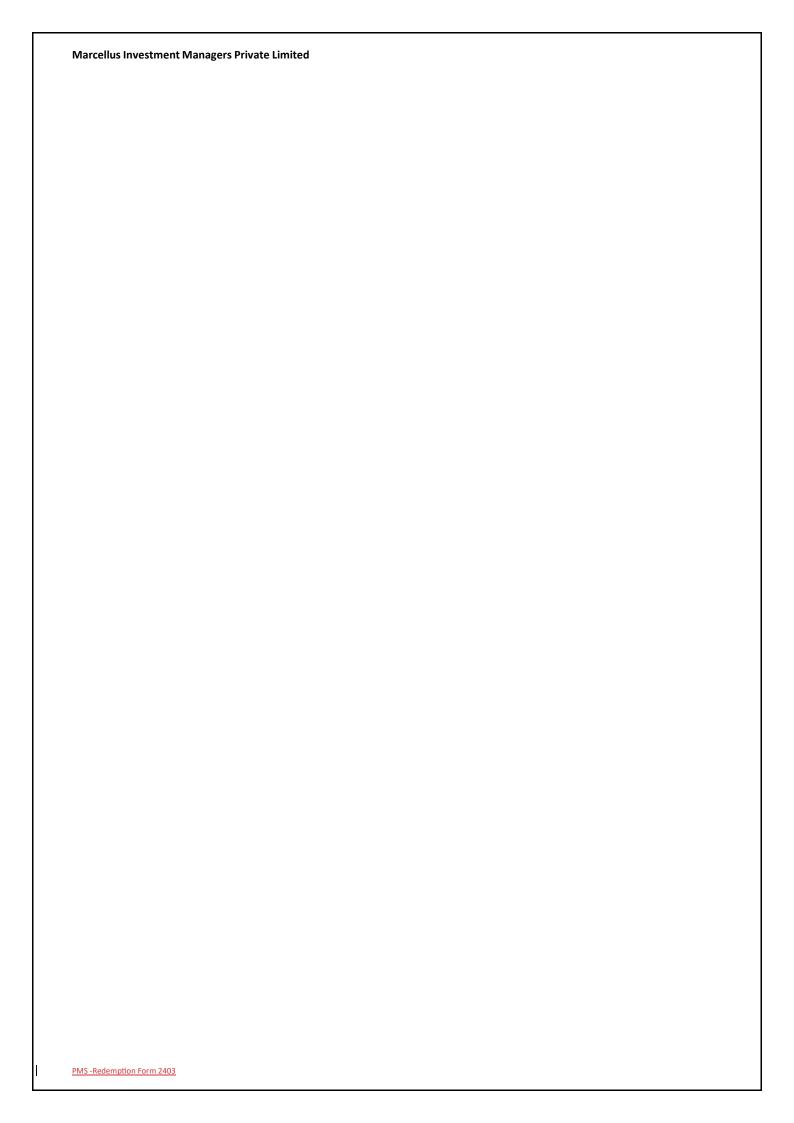
PMS -Redemption Form 2403



#### PMS REDEMPTION REQUEST FORM

IS ACCOUNT DETAILS			
1S Account code:			
me of Sole/First Holder:			
ame of Second Holder:			
ame of Third Holder:			
EDEMPTION DETAILS (Please ✓	tick anyone)		
art Redemption	· · · · · · · · · · · · · · · · · · ·	Full Redemption	
mount in Figures: (Applicable o	nly for partial redemption):		
EASON FOR REDEMPTION			
ortfolio Performance	Liquidity-Fund Req	uirement	Market Volatility
ervice issue	Others Reason:		
AYOUT OPTION (Please ✓ tick	anyone)		
Cash Payout		Stock Transfer*  (Note: *Stock transfer is	not available for Part Redemption)
a. Bank details for Redem	ption amount Cash Payo		· · · · · · · ·
Registered	-		nk as per below details**
ank Details: (In case of Multiple	Rank is Popistored Inlease	mentioned anyone hank a	count details for Payout)
Client Name as per Bank	bulik is negistereu, pieuse i	Account Number	
Account Type:		IFSC Code:	
Bank Name:		Bank Branch &	City
b. Target Demat details If	Payout Ontion selected i	's "Stock Transfer" or an	y Restricted stock Transfer.
DP ID	r ayour option selected i	3 Stock Hunsjer of un	y Nestricted Stock Transfer.
Client ID			
Client ID			
te: Funds will be transferred af	ter deducting all fees and st	tatutory charges.)	
:I: - a) Personalized cancel cheq	ue leaf will be required in ca	ase of a new bank other th	nan the registered bank.
b) CMR Copy Stamped by DI			emat account shall be mandatory.
te. Full Redemption will be cons	stituted as Closure of a Pivis	Account and closure of D	emat account shall be manuatory.
ame: First Applicant	Name: Second A	Applicant	Name: Third Applicant
(Signature)		nature)	(Signature)



HDFC BANK	] A	cco	unt	Clos	ure F	Req	ues	t fo	orm	- C	:DS	SL 8	& NS	SDI	L (fc	or Be	ene	ficia	ry A	cco	unt	onl	ly)		BAF	R CC	DDE	NUN	МВЕ	R
					Closure	e Initi	ated b	оу [	ВС	) [	DP		CDSL	. [	NS	SDL	Br. C	ode					Date	D	D	M	M	Υ	Y	Y
Instructions to Account Holder(s)  1. Closure request needs to be sign which are not applicable. 3. Closure 5. Certified True Copy of Board rest instruction slip) if the balances are to 8. In case of transfer cum closure cui. The target account should be in significant in the support of the	ned by A e reques olution r o be tra um waiv ame coi	ALL the st woul require ansferre ver plea mbinat	e accou d be re d in cas ed to an ase ens ion of n	nt holder jected in se of 'Co nother Ac sure the for ames an	s. POA h case of a rporate a count. The collowing and of sam gned or d	any ou accou his rec ne type duly sta	utstand unt' clo quirem e/sub t amped	ding closure. Sent is Type a	harges 6. Sul not ap s sour signed	s. 4. Ir bmit a oplical ce aco	n case duly- ble in count n office	e Trad filled the ca ii. Su ial of	ing a/o RRF if ase of bmit C	the b "SHIF lient I	ed to the palance TING Master	nis Der es are OF AG	nat act to be CCOL	remat INT".	, pleas erializ mat) c	se sub ed. 7.	omit de Subm	elinkir nit a d	ng or t Iuly-fil	radino led De	g acco	ount c y Instr	losur	e requ n Slip (	est se	parately
HDFC Bank Ltd Depository Service NSDL (DP ID - IN 300126 / IN 30115					-			-							)															
SDL (DP ID - IN 300126 / IN 301151 / IN 301549 / IN 300476 / IN 300476 / IN 300601 / IN 301436), CDSL (DP ID - 13012400, 13020700)  / We the Sole Holder / Joint Holders / Guardian (in case of Minor) request you to close my / our account with you from the date of this application. The details of my/our account ure given below:																														
are given below: Account Holder's Details																														
DP ID																														
Name of the 1st/Sole holder															Ī															
Name of the 2nd holder																												I		
Name of the 3rd holder																														
Correspondence				П						Ι																				
Address (Mandatory for CDSL & As per Demat	İ	$\overline{\Box}$		$\overline{\top}$				Ť	İ	Ì	l			İ	İ	Ì						Ì				i				$\overline{\Box}$
records)  City / Town / Village								+		<u> </u>			1	1		1				+	+		PIN (N	lande	ton	$\dashv$	1	1	+	
City / Town / Village		++	+	++	+			+		+		$\vdash$	+			-	<u> </u>	Ш.				1	114 (17	ianda	iory)	+	1	$\perp$	+	
State																Mo	obile	No. (N	landato	ry)	9 1									
Poption A Transfer the balances/holdings in this account  Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders). holdings in this account as per details given Transfer to my/our own a/c (Provide target a/c details and enclose Client Master Report of Target A/C duly stamped and signed).  Balance remaining in Partly rematerialised and partly transferred. Rematerialised the A/C (if any) to be: Transferred to another account (Number given below) Not applicable  Balance present in a/c for (To be filled by DP, If applicable) Ear - marked Pledged Frozen. Lock-in. Pending for Dematerialisation Pending for Rematerialisation  Target Account Details: NSDL CDSL DP ID Client ID Client ID 1/We confirm to have surrendered/destroyed all unutilized delivery instruction slips / misplaced / not slips  DECLARATION: In case of Account Closure due to SHIFTING OF ACCOUNTS: 1/We declare/confirm that all transactions are true/authentic.																														
Signatur First/Sole H	Holder				Nam	ne	Se	cond	ture (	der					Na	ame_		Signa Third						-						
*If DP or NSDL / CDSL has initi	iated a	accou	nt clo	sure, Si	ignatur	e(s) d	of acc						requii ent l		eipt								HDFO	C Bank C	Demat C	Closure F	Form Ve	er 1.01 - F	Feb 201	5
We hereby acknowledge the	e receip	pt of y	our ins	struction	for clos	sing t	he fol	lowin	ng Acc	ount	(sub	ject t	o verit	fication	on)					Dat	te D	D	M	M	Υ	Υ	Υ	Υ		
DP ID				$\prod$		С	lient l	ID																						
Name of the 1st/Sole holder																	]			Der	osito	orv P	artic	ipan	t Sea	al & S	Sian:	ature		
Name of the 2nd holder				$\prod$									Ī							1		, .	31 0	,			9.1			
Name of the 3rd holder						1				1	1	ıl				1	1	- 1												

#### SAVINGS/CURRENT ACCOUNT CLOSURE FORM 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 To\_ I/ We are enclosing/destroying the ATM/Debit Card/s issued to me / us \_) (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** Reason Code **Reason** (Please select any one) (to be ticked by Signature Sr.No. Pl.tick bank staff only) Branch/ATM of other bank is suitably located 10,13,14 1 Product deficiency (features not adequate, other bank's 2 15 product features are superior) Specific product facility no longer required (overdraft, 3 20, 21 loan against shares etc.) Unhappy with service provided (service quality, staff 5 4 behaviour, turnaround time) Corporate Salary Account - Employer changed 5 9 Service charges/AQB related (high AQB, high charges etc.) 6 11 Incorrect product assurance by bank (miscommunication) 7 12

4

8

69

6

1, 39, 40,

44, 47, 48

2

68

Transferred to a non-HDFC Bank branch location

Consolidating implies reducing multiple accounts)

Account wrongly opened (incorrect name, branch or

Change of status - NRI to resident (or vice-versa)

Tatkal Account - Initial pay-in returned/documents

product type etc.)

Customer deceased

order etc.)

insufficient

Upgrading/Consolidating Bank Account (Upgrading-only applicable to Current Accounts and No-frills Accounts;

Legal/Regulatory/KYC/AML (Income-Tax/KYC/AML/Court

8

9

10

11

12

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14

### 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 YTD 3 months Transaction Volumes (from 7005 screen) CW CI CD CW CI CD **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 ATM Card, if any, destroyed Credit Card Auto Pay deleted (no.1 (no.2\_\_\_ Standing Instructions deleted Super Saver OD limit zeroised Cheque leaves, if any, destroyed Demat Account, if any, delinked (nos. from\_\_\_\_to\_\_\_ If paid by MC/DD No. : \_\_\_\_\_\_ Dated \_\_\_\_\_ Balance in a/c Service charges, if any: Amount paid Approval Signature verified \_

(Branch Manager)

(Personal Banker)

Date:		
The Manager HDFC Bank Ltd.		
		•
Dear Sir / Madam,	,	
Re.: Cancellation of my PIS per	nission no	
Closure of PIS Savings acc	ount no.	_
I /We wish to cancel, above PIS per the shares in secondary market.	mission held with you, as I do	not intend to purchase and sale
I /We confirm that I will not transpermission in writing from your desi	act in the secondary market uignated branch, as per the RBI	nless I obtain the specific PIS guidelines.
I /We confirm that ( Please tick opti	ons as applicable)	
•I have changed my residential sta	atus and now I/We are "Reside	nt Indian"
•I do not intend to purchase and s or	ale the shares in secondary ma	rket .
•I am transferring my PIS perm and send it to below address	ission to	.Bank . Please issue the NOC
Name of the concerned person an	d the Bank address as follows	
		. •
Contact Number:	Email address:	
I /We request you to close my above the balance to my Non PIS savings a	e Portfolio Investment Scheme	savirigs account and transfer
Please cancel the Sweep in and Swee	pout facility linked to this PIS	account.
I /We confirm that I have destroyed I /We confirm that there is no any De	the cheque book issued to abo	ve PIS savings account. to above PIS savings account.
Yours truly,		
Signature : 1 <sup>st</sup> Account holder	2 <sup>nd</sup> Account holder	3 <sup>rd</sup> Account holder
Name:		- I I I I I I I I I I I I I I I I I I I
· ·		
		·

AQB in previous 4 quarters (Rs.)		YES/NO	
AQB charges levied in the last quarter		YES / NO	
RTBM Customer (from 7005 screen)		YES / NO	
Transaction Volumes (from 7005 screen)	YTD		3 months
Transaction volumes (non roos so cony	CD CW	CD CD	cw [cı
Product Holding			
Please note down the defense put forth to the customer Sr. No. 1 to 7 only)			•
	·		
Contames Declaration	•		m for future use.
Customer Declaration //We confirm that I wish to retain my account with the bank	•		
Customer Declaration //We confirm that I wish to retain my account with the bank Full Name	•		m for future use.
Customer Declaration  I/We confirm that I wish to retain my account with the bank  Full Name		Sign	nature
Customer Declaration  /We confirm that I wish to retain my account with the bank  Full Name			nature
Customer Declaration  We confirm that I wish to retain my account with the bank  Full Name  Checklist  ATM Card, if any, destroyed  (no.1)	☐ Credit Card	Sign	nature
Customer Declaration  We confirm that I wish to retain my account with the bank  Full Name  hecklist  ATM Card, if any, destroyed  (no.1)  (no.2)	☐ Credit Card	Sign Auto Pay deleted	nature
Customer Declaration  I/We confirm that! wish to retain my account with the bank  Full Name  Checklist  ATM Card, if any, destroyed (no.1) (no.2)  Standing Instructions deleted  Demat Account, if any, delinked  paid by MC/DD No.  Islance in a/c Service charges, if any:	☐ Credit Card ☐ Super Save ☐ Cheque lea (nos. from	Sign Auto Pay deleted or OD limit zeroise ves, if any, destro	nature
Checklist  ATM Card, if any, destroyed (no.1) (no.2)  Standing Instructions deleted  Demat Account, if any, delinked	☐ Credit Card ☐ Super Save ☐ Cheque lea (nos. from	Sign Auto Pay deleted or OD limit zeroise ves, if any, destro	nature

To, HDFC BANK Ltd,	
Custody Services,	
Kanjurmarg - East,	
Mumbai.	Date:
Dear Sir,	
	Request for Revocation of Power of Attorney
	Bank Account No: DP Id: IN
_	f Attorney for our above-referred Bank / Demat account to
	I am revoking the said Power of Attorney
granted to them.	ter the revocation at the earliest.
request you to regis	tor the revocation at the carriest.
Thanking you,	
Yours truly,	
Tours truly,	
(Client Name)	
· · · · · · · · · · · · · · · · · · ·	



#### **Account Closure Form**

Inward No	
Accepted By	
Accepted Date	
Closed By	
Closed Date	

Date:	/	/								CI	osea L	Jace				
Closure II	nitiated	l Ву	□ B	3O 🔲 I	DP		SL 🗌	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:																
			1	T uat	I	із аррі	I	i. The c	Ctans	l iliy/	l ac	I	I give	T Dele	, vv .	1
CDSL DP ID	+	2	0													
NSDL DP IE	_	N					]							<u> </u>		
	Trading (		CD													
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 fo																
Correspon																
City	acrice															
Details of	remainir	ng securi	ity bala	nces in	the acco	ount (if	any): (F	Please a	ttach th	ne anne	xure )					
Reasons fo	or Closin	g the Ac	count													
Balance re		_		(if any)	to be :											
	y remate					l.			Rem	nateriali	sed					
Trans	ferred to	o anothe	er acco	unt (Nu	mber gi	ven bel	low)		Not	applical	ble					
						1					_					
DP ID								Clie	ent							
Balance pr	esent in	a/c for		Ear-	Mark	☐ Pled	lged	Froz		Lock	:-In					
(To be fille			cable)		ding for D					 Rematerial						
DECLARAT																
I/We declar	I/We declare and confirm that all the transactions in my/our demat account are true/ authentic.															
		19	t Hold	er				2nd Ho	lder				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 Applie	cation for Clo	osing HDFC Se	ecurities Tradi	ing Account					
Date D D M M Y Y		HSL trading acco	ount						
Full Name (Details of Trading a/c hole	der 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 also closing out the facility of e-IPO, I as offered by / through HDFC Securit	Mutual Fund, Curre								
I / we want to close the trading accou	int for the following	$\mathfrak{g}$ reason/s. $(\checkmark)$ 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 may have accrued to HDFC Securitie or in connection with the transactions of the above trading account.  Also I / We, the undersigned, Single / from the Securities Trading Account a	es Limited prior to to to entered into or ac	the termination / clos ts done or omitted p	ure or which may ari	se out of n/closure					
HDF	C Bank Saving	gs / Demat accou	ınt						
De-Link my /our savings accoun				ount					
Savings account number									
Cust ID / UCIC ID									
De-Link my / our demat account	as given helow	from HDFC Secur	rities trading acco	ount					
DP ID			inico trading acce	Sant					
Client ID / Demat account no									
In case you wish to close your linked Demat c account holders to nearest HDFC Bank Bran (For CDSL demat a/c, mention the 1 <sup>st</sup> eight digits in	ich providing DP servi	ices		the					
First Holder Name		Holder Name ultiple holders)	Third Hold (incase of multi						
Sign Here	Sign Here		Sign Here						

Please send this application to the below mentioned office address HDFC Securities Limited



# Participant Services Circular

## Annexure Request for addition/deletion of beneficiary account details for execution of off-market transfer Date <Participant's Name > <Participant's Address > DP ID 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 offmarket transfers including inter-depository transfers. Beneficiary DP ID ☐ Add Beneficiary Client ID Delete PAN of the First Holder Beneficiary DP ID ☐ Add Beneficiary Client ID Delete PAN of the First Holder Beneficiary DP ID ☐ Add Beneficiary Client ID □ Delete PAN of the First Holder **Authorised Signatory (ies)** Participant Authorisation Name: Signature: Participant's Stamp & Date

