

## 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)
<b>a. Bank details for Redemption amount Cash Payout. (Please ✓ tick anyone)</b>	
<input type="checkbox"/> Registered Bank	<input type="checkbox"/> New Bank as per below details**
<b>**Bank Details: (In case of Multiple Bank is Registered, please mentioned anyone bank account details for Payout)</b>	
Client Name as per Bank	Account Number:
Account Type:	IFSC Code:
Bank Name:	Bank Branch & City
<b>b. Target Demat details If Payout Option selected is "Stock Transfer" or any Restricted stock Transfer.</b>	
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 &amp; 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)



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

To,

ICICI Bank Ltd. (IN301348)

Securities Market Services, Empire Complex,

1st Floor, 414 Senapati Bapat Marg,

Lower Parel (W), Mumbai - 400 013.

Date	D	D	M	M	Y	Y	Y	Y
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**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) 

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**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]	<table border="1"><tr><td><input type="checkbox"/> Transfer to my / our own account <i>(Provide target account details and enclose Client Master Report of Target Account)</i></td><td colspan="8" rowspan="2"><b>Target Account Details</b></td></tr><tr><td><input type="checkbox"/> Transfer to any other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i></td></tr><tr><td rowspan="2"></td><td><input type="checkbox"/> NSDL</td><td>DP ID</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> CDSL</td><td>Client ID</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	<input type="checkbox"/> Transfer to my / our own account <i>(Provide target account details and enclose Client Master Report of Target Account)</i>	<b>Target Account Details</b>								<input type="checkbox"/> Transfer to any other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i>		<input type="checkbox"/> NSDL	DP ID								<input type="checkbox"/> CDSL	Client ID							
<input type="checkbox"/> Transfer to my / our own account <i>(Provide target account details and enclose Client Master Report of Target Account)</i>	<b>Target Account Details</b>																													
<input type="checkbox"/> Transfer to any other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i>																														
	<input type="checkbox"/> NSDL	DP ID																												
	<input type="checkbox"/> CDSL	Client ID																												
<input type="checkbox"/> <b>Option C</b> [Rematerialise / Reconvert <i>(Submit duly filled Remat / Reconversion Request Form-for mutual fund units)</i> ]																														

**5. Signature(s)**

Sole / First Holder	
Second Holder	
Third Holder	

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Acknowledgement									
We hereby acknowledge the receipt of the your request for closing the following Account subject to verification:									
DP ID	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Client ID	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Name of Sole / First Holder									
Name of Second Holder									
Name of Third Holder									
<b>Signature of the Authorised Signatory</b> <b>Date</b>	<b>Seal/ Stamp of Participant</b>								



### Annexure

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

To		Date		D	D	M	M	Y	Y	Y	Y
ICICI BANK LIMITED Empire Complex, Lower Parel Mumbai - 400013											
DP ID		I	N	3	0	1	3	4	8		
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. _____ <b>Authorised Signatory (ies)</b>											

Participant Authorisation

Name:

Signature:

**Participant's Stamp & Date**



**National Securities Depository Limited**

4<sup>th</sup> 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](mailto:info@nsdl.com) | Web: [www.nsdl.co.in](http://www.nsdl.co.in)