

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

PMS Account Code	
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 <input type="checkbox"/>	CDSL <input type="checkbox"/>		
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)

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"/> Option A [There are no balances / holdings in this account]																														
<input type="checkbox"/> Option 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">Target Account Details</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>	Target Account Details								<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							
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	<input type="checkbox"/> NSDL	DP ID																												
	<input type="checkbox"/> CDSL	Client ID																												
<input type="checkbox"/> Option C [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									
Signature of the Authorised Signatory	Seal/ Stamp of Participant								
Date									

