



AUM SECURITIES PRIVATE LIMITED

806/807, 8th Floor, Kosha Commercial Complex, Poddar road, near Ramleela maidan, Malad-east, Mumbai-400097 Tel No.: 022-69396620
 Depository participant in CDSL registration no: IN-DP-782-2024| SEBI registration: - INZ000173337| CIN No: U99999MH1993PTC137979|

Account Closure Request Form Demat & Trading

Application No		Date	D	D	M	M	Y	Y	Y	Y
Closure Initiated by	<input type="checkbox"/> BO <input type="checkbox"/> DP <input type="checkbox"/> CDSL <input type="checkbox"/> Trading									

(To be filled by the BO (in case of BO-initiated closure). Please fill all the details in Block Letters in English)

To,
AUM Securities Pvt. Ltd.
Mumbai- 400097

Dear Sir/Madam,

I/We the Sole Holder/Joint Holders/Guardian (in case of Minor) /Cleaning 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:

DP ID	1	2	1	0	0	2	0	0	Client ID							
First Holder Name			Second Holder Name						Third Holder Name							
Address for correspondence																
Reasons for closure			<input type="checkbox"/> No holdings <input type="checkbox"/> shifting of account <input type="checkbox"/> others (specify reason)													
Details of remaining security balances in BO account (if any)																
<input type="checkbox"/> Partly rematerialized and party transferred			<input type="checkbox"/> Rematerialized													
<input type="checkbox"/> Transferred to another account (Number given below)			<input type="checkbox"/> Not applicable													
DP ID									Client ID							
Balance preset in a/c for (to be filled by DP, if applicable)			<input type="checkbox"/> Ear-marked <input type="checkbox"/> Pledged <input type="checkbox"/> Pending for Dematerialisation <input type="checkbox"/> Frozen <input type="checkbox"/> Pending for Rematerialisation <input type="checkbox"/> Lock-in <input type="checkbox"/> Not Applicable													

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.

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature*			

*IF DP or CDSL initiates account closure, Signature(S)of account holder (S) not require



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Acknowledgement Receipt

Date :-

We hereby acknowledge the receipt of your instruction for Closing the following Account subject to verification: -

DP ID	1	2	1	0	0	2		0	0	Client ID							
Name of the First / Sole Holder																	
Name of the Second Holder																	
Name of the Third Holder																	
Reason for closure																	

Aum Securities Private Limited