



JANATA SAHAKARI BANK LTD., PUNE. (MULTISTATE SCHEDULED BANK)

DEPOSITORY CELL
[CDSL DPID 13014200]

Bharat Bhavan, 1360, Shukrawar Peth, Bajirao Road, Pune 411002.

Phone : 020 - 24431014 / 15 / 16 Fax : 020 - 24460756

E-mail : jsbnsdl@dataone.in / jsbnsdl@vsnl.com

CDSL

Account Closure Form

Application No.		Date										
Closure Initiated by	<input type="checkbox"/> BO	<input type="checkbox"/> DP	<input type="checkbox"/> CDSL									

Please fill all the details in **Block Letters** in English

To,
Depository Participant
Janata Sahakari Bank Ltd., Pune
Depository Cell, Pune.

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.

Mob. No. : _____
E-mail ID : _____

Account Holder's Details																	
DP ID	1	3	0	1	4	2	0	0	Client ID								
Name of the First / Sole Holder																	
Name of the Second Holder																	
Name of the Third Holder																	
Address for Correspondence																	
City						State		PIN									

Details of remaining security balance in the account (if any)																	
Reason for Closing the Account																	
Balance remaining in the account (in any) to be :																	
Partly rematerialised and partly transferred.						<input type="checkbox"/> Rematerialised											
Transferred to another account (Number given below)						<input type="checkbox"/> Not applicable											
DP ID									Client ID								
Balance Present in a/c for		<input type="checkbox"/> Ear - marked				<input type="checkbox"/> Pledged											
To be filled by DP, if applicable		<input type="checkbox"/> Pending for Dematerialisation				<input type="checkbox"/> Frozen											
		<input type="checkbox"/> Pending for Rematerialisation				<input type="checkbox"/> Lock-in											

DECLARATION : In case of Account Closure due to SHIFTING OF ACCOUNT :
I / We declare and confirm that all the transaction 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 holdr(s) not required.

Acknowledgement Receipt

Application No.

Date :

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

DP ID	1	3	0	1	4	2	0	0	Client ID								
Name of the First / Sole Holder																	
Name of the Second Holder																	
Name of the Third Holder																	
Reason for closer																	

Instructions to BO

Depository Participant Seal and Signature

- Submit a duly-filled up RRF if the balances are to be rematerialized.
- Submit a duly filled up Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another Account. This requirement is not applicable in the case of "SHIFTING ACCOUNT".