

			No.:
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JANATA SAHAKARI BANK LTD., PUNE. (MULTISTATE SCHEDULED BANK)

DEPOSITORY CELL
(NSDL & CDSL)
[NSDL DPID-IN 300280]
[CDSL DPID 13014200]

Bharat Bhavan, 1360, Shukrawar Peth,
Behind Saraswati Prashala, Bajirao Road, Pune - 411 002.
Phone : 020 - 24431014 / 15 / 16 Fax : 020 - 24521182
E-mail : depository@janatabankpune.com

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

Date									
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To,
DP Name : Janata Sahakari Bank Ltd., Pune (Multistate Scheduled Bank)

1. I / We hereby request you to close my/our account with you as per following details :

	Name of the holder (s)	Contact No.
Sole / First Holder		
Second Holder		
Third Holder		

2. Reason/s for Closure of depository account : _____

Client ID (of account to be closed)

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4. Please tick the applicable option(s) E-mail : _____ Mob. No. : _____

<input type="checkbox"/> Option A [There are no balance / holdings in this account]																						
<input type="checkbox"/> Option B [Transfer the balance / holdings in this account as per details given]	<input type="checkbox"/> Transfer to my / our own account <i>(Provide target account details & enclose Client Master Report of Target Account in original with authenticated by Seal & Signature of DP Latest Statement self attested)</i>																					
	<input type="checkbox"/> Transfer to any other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i>																					
	<table border="1"> <thead> <tr> <th colspan="2">Target Account Details</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> NSDL</td> <td>DP ID</td> <td></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><td></td> </tr> </tbody> </table>	Target Account Details		<input type="checkbox"/> NSDL	DP ID									<input type="checkbox"/> CDSL	Client ID							
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<input type="checkbox"/> CDSL	Client ID																					

Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for Mutual funds units)]

5.	Signature(s)	
Sole / First Holder	1)	
Second Holder	2)	
Third Holder	3)	

Acknowledgement

We hereby acknowledge the receipt of the your request for closing the following Account subject to verification :

DP ID	I N 3 0 0 2 8 0	Client ID							
Name of Sole / First Holder									
Name of Second Holder									
Name of Third Holder									
Signature of the Authorised Signatory								Seal / Stamp of Participant	
Date									