

Account Closure / Deactivation Form (For Beneficiary Account only)

Arihant Capital
Generating Wealth

6th Floor, Atlantis Tower, Plot No. 13-A
Scheme No. 78, Part II, Indore - 452010

Account(s) to be closed (tick applicable):

☐ Arihant Trading Account ☐ Arihant NSDL Demat Account DP Id: IN301983

☐ Arihant CDSL Demat Account DP Id: 12043000

Application No.

Date

D D / M M / Y Y Y Y

Demat Account Holder Details

Client Id (of account to be closed)	Trading ID:
Reason for Closure (Optional for Arihant Demat A/c in NSDL DP):	

Account Holder Details

Particulars	Sole / First Holder	Second Holder	Third Holder
Name			
Address			
City / State / PIN			

Treatment of Balances / Holdings in the Account (tick applicable option)

☐ **Option A:** No balances / holdings in this account.

☐ **Option B:** Transfer the balances / holdings to the account given below

Target Own A/c Details ☐ NSDL ☐ CDSL	DP ID	Client ID:
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Below details required only if Arihant Demat A/c in CDSL DP

Details of remaining security balances in the account (if any) -

☐ Partly rematerialised and partly transferred. ☐ Rematerialised ☐ Transfer to another account (submit DIS) ☐ Not Applicable

Balance present in account for (To be filled by DP, if applicable) ☐ Ear-marked ☐ Pledged ☐ Pending for Dematerialisation ☐ Frozen ☐ Pending for Rematerialisation ☐ Lock-in

Declaration

I / We hereby declare that I / we have verified all transactions linked to my / our trading and demat account with Arihant Capital Markets Limited since its opening, including trades, ledger entries, fund transfers, and DP (Demat) transactions. I / We confirm that there are no discrepancies, unauthorised activities, or pending dues in the said account. All transactions have been executed by me / us or under my / our instructions. I / We request the closure of the above account(s) and confirm that I / we have no objection to the same.

✓

✓

✓

Sole / First Holder - Signature

Second Holder - Signature

Third Holder - Signature

Note: If the DP or CDSL / NSDL initiates the account closure, signature(s) of the account holder(s) are not required.

----- For office use only - please tear here -----

Acknowledgement (For Office Use)

We hereby acknowledge receipt of your closure instruction, subject to verification, on:

Date: D D / M M / Y Y Y Y

DP ID:

☐ IN301983 ☐ 12043000

Client ID:

App. No.:

Account Type Closed: ☐ Trading ☐ NSDL Demat ☐ CDSL Demat

Account Holder Name	Sole / First Holder	Second Holder	Third Holder

Authorised Signatory:

Seal /
Stamp:

Instructions: (1) Submit RRF if balances are to be rematerialised. (2) For demat accounts, deactivation freezes all credits / debits. (3) Submit DIS if balances are to be transferred to another account. (4) Enclose Client Master Report of target account when transferring to own account. (5) Not applicable for 'shifting of account'.