

ICICI Bank Limited, CPC-Demat Services, Ground Floor, B-Wing, Autumn Estate, Chandivali Farm Road, Opp. Mhada Colony, Chandivali, Andheri (East), Mumbai - 400072. (Important Note: Please do not send requests directly to this address. Kindly route all your requests through the nearest ICICI Bank Demat Servicing Branches)

Application for Closure of Demat Account (NSDL/CDSL)																														
Date D D M M Y Y Y Y DP ID Client ID (of account to be closed)																														
I / We hereby request you to close my / our Demat account with you as per following details:																														
Sole/First Holder											T			T			Τ	Τ												٦
Second Holder		$\overline{\Box}$						T	i		Ť			Ť		Ť	Ť	T				T			Ì					i
Third Holder		\pm	$\exists \exists$					$\overline{}$	$\overline{}$		$\overline{}$	1		$\overline{}$		\pm		T				T			T					<u> </u>
* Please tick the applicable option(s): (*Marked is a Mandatory field) Option A (There are no balances / holdings in this account)																														
Option A (The	re are no	baland	ces / h	oldin	gs i	n thi	s ac	со	unt))	_	_			_							_		_						_
Option B											L							Targ	jet <i>i</i>	Acc	oui	nt [Deta	ils						
(Transfer the balances / holdings in this account as	Transfer to my / our own account (Provide target account details and enclose Client Master Report of Target Account)											NSDL DP ID																		
per details given)	du	Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders)								CDSL					ent															
Option C [Rem	naterialise	/ Rec	onver	t (Sub	mit	dul	y fill	ed	Rer	ma	t / R	eco	onv	ersi	on	Req	ues	t Fo	rm	- Fc	or N	lut	ual I	Fu	nd ι	ınits)]		_	\neg
Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form - For Mutual Fund units)] * Please tick the reason for closing the Demat Account: (*Marked is a Mandatory field)																														
☐ Moving to new area/abroad where ICICI Bank does not have a branch ☐ Unsatisfactory services																														
☐ High demat charges ☐ Stopped trading forever																														
Consolidation of accounts Others (Please specify)														=																
Recovery of dues Direct Debit														\dashv																
Please debit my ICICI Bank Account(A/c No													st																	
Cheque Payment																														
Cheque Numberdrawn on Bank																														
☐ Cash Payment														\neg																
Refund of charges *Please provide operative Savings Bank account number for refund of pro rata AMC charges (if any). In case of Non ICICI Bank account, please provide a cancelled cheque copy. ICICI Bank Account Non ICICI Bank Account													ору.																	
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.																														
SIGNATURE OF SOLI							SIGN																					DLDEI		2
Acknowledgement We hereby acknowledge the receipt of the your request for closing the below mentioned Demat Account subject to verification:													5																	
DP ID Client ID Client ID																														
Demat Account Holder's Name																														
Received by																													_	
Bank Official Signat	ure					_Bra	nch											SR	No										_	
Date D D M M	YYY	Y																												