



CDBL Bye Laws

SECURITIES LTD.
CDBL Account Closing Form
Bye Law 7.7.1

Form 05 -1

Please fill in all the details in CAPITAL Letters

Application No. Date To
(Depository Participant Name)

D D M M Y Y Y Y

DP ID

A N W A R S E C U R I T I E S L T D .**2 2 0 0 0**

I/We, the Sole Holder / Joint Holders / Guardian (in case of minors) / Clearing Member request you to close my / our Depository Account with you. The details of my / our account are as indicated below.

Account Holder's DetailsAccount ID **1 2 0 2 2 0 0 0**

Name of First Account Holder

Name of Second Account Holder

Name of 3rd Signatory (Ltd. Co. Only)

Closure Details

Reason for Closure of Account

Details of Remaining Security Balances in the Account (if any)

Whether to be partly rematerialized and partly transferred:

YES ☐NO ☐

To be rematerialized:

YES ☐NO ☐

To be Transferred to another Account:

YES ☐NO ☐

Whether any of the following is Applicable (To be filled by DP):

Ear-marked ☐Pledged ☐Frozen ☐

Account Holder	Name	Signature
First Account Holder		
Second Account Holder		
Third Signatory (Ltd. Co. Only)		

Internal Reference No.

Authorized Signature of Depository Participant

Seal of CDBL Participant