



BCB Brokerage Private Limited

CIN-U67120MH2000PTC129742

SEBI Registration No. IN-DP-CDSL-05-99

Regd. Off. : 1207-A, P. J. Towers, Dalal Street, Fort, Mumbai-400 001.

Tel No. 022-22720000 Web: www.bcbbrokerage.com

Compliance Officer: Manish Mourya Email id – complianceofficer@bcbbrokerage.com

Email ID for Investor grievance: investorgrievance@bcbbrokerage.com



Account Closure Request Form

(Updated as per CDSL Operating Instructions as on December, 2024)

(DEMAT)

Application No	ONLINE/	Date	
Closure Initiated by	BO	DP	CDSL

(To be filled by the BO (in case of BO-initiated closure). Please fill all the details in **Block Letters** in English)

To,

BCB Brokerage Private Limited

Add: 1207A, P.J. Towers, Dalal Street, Fort, Mumbai - 400001

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:

Account Holder's Details

DP ID	1	2	0	1	0	4	0		Client ID	0	0	0					
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Name of the First / Sole Holder	
Name of the Second Holder	
Name of the Third Holder	
Address for Correspondence	
	City- PIN-
	State-

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

Reasons for Closing the Account			
Balance remaining in the account (if any) to be :			
partly rematerialized and partly transferred	Rematerialised		
Transferred to another account (Number given below)	Not applicable		
DP ID		Client ID	
Balance present in account for (To be filled by DP, if applicable)	Ear-marked	Pledged	
	Pending for Dematerialization	Frozen	
	Pending for Rematerialization	Lock-in	

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.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature *			

*If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.

