ICICI Bank Demat Services

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	
Second Holder	
Third Holder	

*** Please tick the applicable option(s):** (*Marked is a Mandatory field)

☐ Option A (There are no balances / holdings in this account)

☐ Option B (Transfer the balances / holdings in this account as per details given)	☐ Transfer to my / our own account (Provide target account details and enclose Client Master Report of Target Account) ☐ Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders)	Target Account Details		
		☐ NSDL	DP ID	
		☐ CDSL	Client ID	

☐ 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
- ☐ High demat charges
- ☐ Consolidation of accounts
- ☐ Unsatisfactory services
- ☐ Stopped trading forever
- ☐ Others (Please specify) _____

Recovery of dues

☐ **Direct Debit**

Please debit my ICICI Bank Account(A/c No. _____ for recovery of any pending dues against my account

☐ **Cheque Payment**

Cheque Number..... drawn on Bank.....

☐ **Cash Payment**

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.

V - Dec 2017

SIGNATURE OF SOLE/FIRST HOLDER SIGNATURE OF SECOND HOLDER SIGNATURE OF THIRD HOLDER

Acknowledgement

We hereby acknowledge the receipt of the your request for closing the below mentioned Demat Account subject to verification:

DP ID _____ Client ID _____

Demat Account Holder's Name _____

Received by _____

Bank Official Signature _____ Branch _____ SR No _____

Date D D M M Y Y Y Y