



Application No.		Dated:	
Closure Initiated by:-	<input type="checkbox"/> BO	<input type="checkbox"/> DP	<input type="checkbox"/> CDSL

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

To,
FAIR INTERMEDIATE INVESTMENT PVT. LTD.
 2nd floor Shukla palace sapru marg, Lucknow 226001
 SEBI Reg.No.DP-IN-DP.CDSL-81-2015 CM:-INZ000185032

Annexure 10.1

Dear Sir / Madam,

I / We the Sole Holder / Joint Holders / Guardian (in case of Minor) / Clearing Member request you to be close my/our account with you from the date of this application. The details of my/our account are given below: Please Tick <input type="checkbox"/> which account you wish to be closed: <input type="checkbox"/> Closed My DP Account <input type="checkbox"/> Closed My Trading Account <input type="checkbox"/> Closed My both DP Account & Trading Account

Account Holder's Details								Trading Code									
DP ID	1	2	0	3	9	8	0	0	Client ID	0	0						
Name of the First / Sole Holder																	
Name of the Second Holder																	
Name of the Third Holder																	
Address for Correspondence																	
City				State				PIN									

Details of remaining security balances in the account (if any)																	
Reasons for Closing the Account																	
Balance remaining in the account (if any) to be :																	
<input type="checkbox"/> partly rematerialised and partly transferred.								<input type="checkbox"/> Rematerialised									
<input type="checkbox"/> Transferred to another account (Number given below)								<input type="checkbox"/> Not applicable									
DP ID								Client ID									
Balance present in account for (To be filled by DP, if applicable)								<input type="checkbox"/> Ear - marked <input type="checkbox"/> Pledged <input type="checkbox"/> Pending for Dematerialisation <input type="checkbox"/> Frozen <input type="checkbox"/> Pending for Rematerialisation <input type="checkbox"/> 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.
 -----(Please Tear Hear)-----

Acknowledgement Receipt

Application No. _____ **Date:-** _____
 We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification: -

DP ID	1	2	0	3	9	8	0	0	Client ID	0	0						
Name of the First / Sole Holder																	
Name of the Second Holder																	
Name of the Third Holder																	
Reason for Closure																	

Instructions to Account Holder(s) **Depository Participant Seal and Signature**
 1. Submit a duly-filled RRF if the balances are to be rematerialized.
 2. Submit a duly-filled Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be Transferred to another Account. This requirement + is not applicable in the case of "SHIFTING OF ACCOUNT".