

FORM 34

APPLICATION FOR CLOSING AN ACCOUNT

(For Beneficiary Account only)

Date	D	D	M	M	Y	Y	Y	Y
------	---	---	---	---	---	---	---	---

To,

DP Name: UCO BANK

DP Address: Depository Services, Ground Floor, UCO Bank Building 359 D N Road, Fort Mumbai – 400 001

DP ID: IN302847

1. I / We hereby request you to close my/our account with you as per following details:

Name of the holder(s)	
Sole/ First Holder	
Second Holder	
Third Holder	

2. Reason/s for Closure of depository account _____

3. Client ID (of account to be closed)

4. Please tick the applicable option(s)

<input type="checkbox"/> Option A [There are no balances / holdings in this account]										
<input type="checkbox"/> Option B [Transfer the balances /holdings In this account as per details given]	<input type="checkbox"/> Transfer to my / our own account (Provide target account details and enclose Client Master Report of Target Account)	Target Account Details								
	<input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders)	<input type="checkbox"/> NSDL	DP ID							
		<input type="checkbox"/> CDSL	Client ID							
<input type="checkbox"/> Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)]										

5. Signatures

Sole/First Holder	
Second Holder	
Third Holder	

Acknowledgement

We hereby acknowledge the receipt of your request for closing the following Account subject to verification:

DP ID										Client ID							
Name of Sole/First Holder																	
Name of Second Holder																	
Name of Third Holder																	
Signature of the Authorised Signatory										Seal/Stamp of Participant							
Date																	