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 Rematerialisation form for securities / Reconversion request form for Mutual fund units)]
*If option C is selected, kindly follow the rematerialisation/reconversion process. Demat account will be closed only after the rematerialisation/ reconversion process is completed (approximate TAT of rematerialisation is30-45 days and for reconversion 7-10 days)

*** 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** ☐ UPI Payment .....

Refund of charges

*Please provide operative Savings Bank account number for refund of pro rata AMC charges (if any). In case of Non ICICI Bank account, please provide a cancelled cheque copy.

☐ ICICI Bank Account ☐ Non ICICI Bank Account

Bank Account No.

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 - April 2022

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