

Account Closing Request Form

Date: _____ Investor Account No.: _____

This is with reference to my / our above referred Investor Account maintained with CDC, I / we request you to close my / our above referred Investor Account.

In case of any balance amount remaining with CDC, please tick only one appropriate box for processing the refund of amount:

Transfer the remaining amount to my bank account provided in the above mentioned IAS account as bank mandate.

OR

Transfer the remaining amount to my bank account No. (IBAN)_____.

OR

Transfer the remaining amount to my IAS account No._____.

OR

Send me the cheque of remaining amount at my registered mailing address.

Signature of Account Holder: _____
(Please sign as per the operating instruction of account)

Name of Account Holder: _____