

**FORM 34**
**APPLICATION FOR CLOSING AN ACCOUNT  
 ( For Beneficiary Account only)**

To,  
**Bank of Baroda**  
**Capital Market Division,**  
**Ground Floor, C34 G-Block, BKC**  
**Bandra East Mumbai-400051**

Date	D	D	M	M	Y	Y	Y	Y
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DP ID	IN300870	
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IN300386	
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IN302806	
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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) 

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4. Please tick the applicable option(s)

<input type="checkbox"/> <b>Option A</b> [There are no balances / holdings in this account ]																					
<input type="checkbox"/> <b>Option B</b> [Transfer the balances / holdings in this account as per details given]	<input type="checkbox"/> Transfer to my / our own account <i>(Provide target account details and enclose Client Master Report of Target Account)</i>																				
	<input type="checkbox"/> Transfer to any other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i>																				
<b>Target Account Details</b>																					
<input type="checkbox"/> NSDL	<table border="1"> <tr> <td>DP ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Client ID</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	DP ID										Client ID									
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<input type="checkbox"/> <b>Option C</b> [Rematerialise / Reconvert <i>(Submit duly filled Remat / Reconversion Request Form-for mutual fund units)</i> ]																					

5. Signature(s)

Sole / First Holder	
Second Holder	
Third Holder	

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**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																				