

#### PMS REDEMPTION REQUEST FORM

	to close my/our account with	n you as per the following details: Date: DD/MM/YY							
MS ACCOUNT DETAILS									
MS Account code:									
lame of Sole/First Holder:									
lame of Second Holder:									
lame of Third Holder:									
EDEMPTION DETAILS (Plea	se √ tick anvone)								
art Redemption		Full Redemption							
mount in Figures: (Applica	able only for partial redemption):								
EASON FOR REDEMPTION									
Portfolio Performance	Liquidity-Fund Req	uirement Market Volatility							
ervice issue									
	Others Reason:								
AYOUT OPTION (Please 🗸	tick anvone)								
Cash Payout		Stock Transfer*							
		(Note: *Stock transfer is not available for Part Redemption)							
a. Bank details for Re	demption amount Cash Payo	ut. (Please $\sqrt{tick}$ anyone)							
Regist	ered Bank	New Bank as per below details**							
Bank Details: (In case of Mu	tiple Bank is Registered, please	mentioned anyone bank account details for Payout)							
Client Name as per		Account Number:							
Bank Account Type:		IFSC Code:							
Bank Name:		Bank Branch & City							
b. Target Demat deta	ils If Payout Option selected	is "Stock Transfer" or any Restricted stock Transfer.							
b. Target Demat deta	ils If Payout Option selected	is "Stock Transfer" or any Restricted stock Transfer.							
_	ils If Payout Option selected	is "Stock Transfer" or any Restricted stock Transfer.							

Encl: - a) Personalized cancel cheque leaf will be required in case of a new bank other than the registered bank.b) CMR Copy Stamped by DP & attested by authorized Person of DP.

Note: Full Redemption will be constituted as Closure of a PMS Account and closure of Demat account shall be mandatory.

Name: First Applicant	Name: Second Applicant	Name: Third Applicant				
(Signature)	(Signature)	(Signature)				

Marcellus Investment Managers Private Limited

HDFC BANK	Acc	ount	Closi	ure R	equest	form	- C[	DSL	& NS	DL (f	or Be	nefici	ary /	Acc	oun	t only	y)	BAR	CODI	E NU	MBE	R
				Closure	Initiated by	, BC	) 🗌 [	DP	CDSL	N	SDL B	r. Code	,				Date D	D	/I M	Y	Y	YY
Instructions to Account Holder(s)/A 1. Closure request needs to be signer which are not applicable. 3. Closure r 5. Certified True Copy of Board resolu instruction slip) if the balances are to 8. In case of transfer cum closure cum i. The target account should be in san ii. Submit Client Master List (in crystal	d by ALL t equest wo ution requi be transfe n waiver pl ne combin	the accou buld be re red in cas rred to ar lease ens nation of r	int holders ijected in se of ' <b>Cor</b> nother Acc sure the for names an	s. POA ho case of ar <b>porate ac</b> count. Thi llowing d of same ned or du	ny outstandir ccount' clos s requirement type/sub type	ng charges ure. 6. Sub nt is not ap be as sourc and signed	s. 4. In c omit a d oplicable ce accor by an c	ase Tra uly-filleo e in the unt ii. S official o	ding a/c li I RRF if th case of "S ubmit Clie f target D	nked to t e baland HIFTING nt Maste	nis Dema es are to OF ACO r List (in	at accou be rem COUNT" crystal f	nt, plea ateriali ormat)	ase su ized. 7	ıbmit o 7. Subi	lelinkin mit a dı	g or trading uly-filled De	g accou elivery li	nt closu nstructi	ire requion Slip	uest s [DIS]	eparately.
o, IDFC Bank Ltd Depository Services, ISDL (DP ID - IN 300126 / IN 301151 / We the Sole Holder / Joint Ho	/ IN 30154	19 / IN 30	0476 / IN	300601/	IN 301436),	CDSL (DF	P ID - 13	301240	0, 130207	00)	ו you fr	om the	date	of th	iis ap	plicati	ion. The	details	of my	/our a	ассоц	Int
re given below: Account Holder's Details																						
DP ID				$\square$	Client ID																	
Name of the 1st/Sole holder																						
Name of the 2nd holder																						
Name of the 3rd holder																						
Correspondence Address (Mandatory for																						
CDSL & As per Demat																						
City / Town / Village																PI	N (Manda	tory)				
State											Mol	oile No.	(Manda	tory)	9	1						
Reason for closing the acco	unt(Mar	ndatory)												L								
Image: state stat	his acco ining in ) to be: int in a/ pplicable) nt Deta DL Only surrenda	c for is reading to the second	Pa	- marke BDL Rema	aterialise / ilized deliv OF ACCO	to my/ou and sigr and par er accou edged SL DF Reconver	r own ned). tty trar nt (Nu Fr P ID ert (Su uction	a/c (Plasferre	d. given be	Iow) ock-in.	t / Reco	ending ending ( ) onversi have e all tran	for D Client II	se CI Rema lot ap ema D D eque sted ns ar	terial terial teriali	Master ised able sation rm-for	r Report of P	ending ending und un on slip For Ban Sign of a records.	g for R	emati splac	erialia	
Name If DP or NSDL / CDSL has initia We hereby acknowledge the r DP ID	ted acco	ount clo		•	(s) of acco	Acki wing Acc	<mark>ler(s)</mark> a nowle	are not edgen	require nent R	d. eceipt	ame					D D	HDFC Bank D	Demat Clos	ure Form	Ver 1.01 -	- Feb 20'	5
Name of the 1st/Sole holder Name of the 2nd holder Name of the 3rd holder														De	posit	ory Pa	articipan	t Seal	& Sigr	nature	)	

SAVINGS/CURRENT ACCOUNT CLOSURE FORM									
Date Date Account No.									
I/We request you to:									
Close my/our Saving/Current account/s held by me/us									
Pay the proceeds by:									
Cash*      Manager's cheque/DD      Credit to account									
*(As per current Income Tax rules , if the account balance at the time of account closure exceeds Rs. 20000/- the									
payment will be made only by Manager's Cheque)									
I/We confirm that all unused cheques issued to me / us have been enclosed / destroyed by me / us									
(Nos. From)									
I/ We are enclosing/destroying the ATM/Debit Card/s issued to me / us									
(No.1) (No.2)									

## Full Names & Signatures of All Applicants (in case of more applicants, please use an additional form)

Applicant 1	
Applicant 2	
Applicant 3	
Applicant 4	

### **Reason for Closure of Account**

Sr.No.	Pl.tick	Reason (Please select any one)	Reason Code (to be ticked by bank staff only)	Signature
1		Branch/ATM of other bank is suitably located	10,13,14	
2		Product deficiency (features not adequate, other bank's product features are superior)	15	
3		Specific product facility no longer required (overdraft, loan against shares etc.)	20, 21	
4		Unhappy with service provided (service quality, staff behaviour, turnaround time)	5	
5		Corporate Salary Account - Employer changed	9	
6		Service charges/AQB related (high AQB, high charges etc.)	11	
7		Incorrect product assurance by bank (miscommunication)	12	
8		Transferred to a non-HDFC Bank branch location	4	
9		Upgrading/Consolidating Bank Account (Upgrading-only applicable to Current Accounts and No-frills Accounts; Consolidating implies reducing multiple accounts)	8	
10		Account wrongly opened (incorrect name, branch or product type etc.)	69	
11		Change of status - NRI to resident (or vice-versa)	6	
12		Legal/Regulatory/KYC/AML (Income-Tax/KYC/AML/Court order etc.)	1, 39, 40, 44, 47, 48	
13		Customer deceased	2	
14		Tatkal Account - Initial pay-in returned/documents insufficient	68	

# TO BE FILLED IN BY A BANK OFFICIAL

1. Please include the details of the customer who has proposed for the closure of his/her bank account.

Vintage (no. of months)								
Balance at the time of closing (Rs.)								
AQB in previous 4 quarters (Rs.)								
AQB charges levied in the last quarter	YES / NO							
RTBM Customer (from 7005 screen)	YES / NO							
Transaction Valumas (from 7005 corean)	YTD 3 months							
Transaction Volumes (from 7005 screen)	CD CW CI CD CW CI							
Product Holding								

2. Please note the detailed reasons stated by the customer for closure of his/her existing HDFC Bank account after discussion with him/ her.

3. Please note down the defense put forth to the customer for retaining the account. (for closures with reason codes in Sr. No. 1 to 7 only)

If the customer opts to retain his/her account with us, please obtain his/her signature below and retain the form for future use.
Customer Declaration
I/We confirm that I wish to retain my account with the bank

Full Name

Signature

### Checklist

ATM Card, if any, destroyed (no.1) (no.2)	Credit Card Auto Pay deleted							
Standing Instructions deleted	Super Saver OD limit zeroised							
Demat Account, if any, delinked	Cheque leaves, if any, destroyed (nos. fromto)							
If paid by MC/DD No.       :         Balance in a/c       :         Service charges, if any       :         Amount paid       :								
Signature verified (Personal Banker)	_ Approval (Branch Manager)							

Date :

The Manager HDFC Bank Ltd.

Dear Sir / Madam,

Re.: Cancellation of my PIS permission no

Closure of PIS Savings account no.

I /We wish to cancel, above PIS permission held with you, as I do not intend to purchase and sale the shares in secondary market.

I /We confirm that I will not transact in the secondary market unless I obtain the specific PIS permission in writing from your designated branch, as per the RBI guidelines.

I /We confirm that ( Please tick options as applicable)

or

or

•I have changed my residential status and now I/We are "Resident Indian"

·I do not intend to purchase and sale the shares in secondary market .

•I am transferring my PIS permission to ......Bank . Please issue the NOC and send it to below address

Name of the concerned person and the Bank address as follows

Contact Number: Email address:

I /We request you to close my above Portfolio Investment Scheme savirigs account and transfer the balance to my Non PIS savings account no.

Please cancel the Sweep in and Sweepout facility linked to this PIS account.

I/We confirm that I have destroyed the cheque book issued to above PIS savings account. I/We confirm that there is no any Debit card or ATM card issued to above PIS savings account.

Yours truly,

Signature : 1<sup>st</sup> Account holder

2<sup>nd</sup> Account holder

3rd Account holder

Name:

TO BE FILLED IN I				t a stars		
Please include the details of the customer who has prop	osed for th	e closure	ot his/her	Dank acc	ount.	
Vintage (no. of months)						<u></u>
Balance at the time of closing (Rs.)		<u></u>		<u></u>	r	
AQB in previous 4 quarters (Rs.)						
AQB charges levied in the last quarter	<u>_ </u>			S/NO		
RTBM Customer (from 7005 screen)			YE	S/NO	<b>0</b>	
Transaction Volumes (from 7005 screen)	CD	YTD CW	CI		3 mont	ns Cl
Product Holding			•			
. Please note down the defense put forth to the customer Sr. No. 1 to 7 only)		ng the acc			•	on cod∈
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	<u>.</u>				· .	· ·
If the customer opts to retain his/her account with us, please o	btain his/her	signature	below and	retain the f	orm for fut	ure use
Customer Declaration I/We confirm that I wish to retain my account with the bank			•			
	-	, •		4 ° "		
	- '	, •		s	ignature	
Full Name		, • 		S	ignature	
Checklist		Credit (	Card Auto	S Pay delet		
Checklist Checklist ATM Card, if any, destroyed (no.1)		Credit (	Card Auto			
Checklist           ATM Card, if any, destroyed           (no.1)           (no.2)		•	, , , , , , , , , , , , , , , , , , , ,	Pay delet	ed	, ,
Checklist Checklist ATM Card, if any, destroyed (no.1)		Super S	Saver OD	Pay delet limit zerol	ed sed	· · · · · · · · · · · · · · · · · · ·
Checklist           ATM Card, if any, destroyed           (no.1)           (no.2)		Super Super	Saver OD	Pay delet	ed sed troyed	
Checklist         ATM Card, if any, destroyed         (no.1)         (no.2)         Standing Instructions deleted         Demat Account, if any, delinked		Super Super	Saver OD	Pay delet limit zerol f any, des	ed sed troyed	
Checklist         ATM Card, if any, destroyed         (no.1)         (no.2)         Standing Instructions deleted         Demat Account, if any, delinked		Super Super	Saver OD a leaves, i om	Pay delet limit zerol f any, des	ed sed troyed	ر
Checklist         ATM Card, if any, destroyed         (no.1)         (no.2)         Standing Instructions deleted         Demat Account, if any, delinked         f paid by MC/DD No.         Balance in a/c         Service charges, if any :		Super Super	Saver OD a leaves, i om	Pay delet limit zerol f any, des	ed sed troyed	ـــــــــــــــــــــــــــــــــــــ
Checklist         ATM Card, if any, destroyed         (no.1)         (no.2)         Standing Instructions deleted         Demat Account, if any, delinked         f paid by MC/DD No.         Balance in a/c		Super Super	Saver OD a leaves, i om	Pay delet limit zerol f any, des	ed sed troyed	 ر
Checklist         ATM Card, if any, destroyed         (no.1)         (no.2)         Standing Instructions deleted         Demat Account, if any, delinked         f paid by MC/DD No.         Balance in a/c         Service charges, if any :		Super Super	Saver OD leaves, i om Dated	Pay delet limit zeroi f any, des to	ed sed troyed	<u> </u>

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To, HDFC BANK Ltd, Custody Services, Kanjurmarg - East, Mumbai.

Date:

Dear Sir,

 Request for Revocation of Power of Attorney

 Bank Account No:

 Demat Client Id:
 DP Id: IN

I have given Power of Attorney for our above-referred Bank / Demat account to M/s\_\_\_\_\_\_. I am revoking the said Power of Attorney granted to them. I request you to register the revocation at the earliest.

Thanking you,

Yours truly,

(Client Name)

Mo	and the state of the		Osv	VAL		<u>Accou</u>	<u>nt Clos</u>	sure Fo	<u>rm</u>	A	Inward No Accepted By Accepted Date Closed By							
Date :	/	/_										osed By osed Date						
Closure lı	nitiateo	d By	[] E	во 🗌	DP		DSL 🗌	NSDL										
To, Motilal O 2nd Floor						Mart, N	lew Lii	nk Road	d, Mala	id (W),	Mumt	oai 400	064					
Importan	er Balar	nce NIL			-			-						Stock i	s NIL			
Dear Sir / I / We the			/ Joint	Holde	rs / Gu	ardian	(in cas	e of Mi	nor) / (	Clearir	ng Men	nber re	quest	you to	close r	ny		
/ our acco	ount wi	th you	from	the da	te of th	is appl	icatior	n. The c	letails	of my/	our ac	count a	are give	en belo	w:			
CDSL DP ID	1	2	0															
NSDL DP ID		Ν																
BSE, NS	Trading SE, CASH MCX & N	H, F&O 8	& CD															
Name of th	ne First ,	/ Sole H	lolder															
Name of th	ne Secol	nd Hold	er															
Name of th	ne Third	Holder																
Address fo																		
Correspon	dence			_														
City																		
Details of ı	remaini	ng secu	rity bala	ances ir	the acc	ount (if	any): (	Please a	ttach th	ne anne	xure )							
Reasons fo	or Closin	ig the A	ccount															
Balance re	maining	g in the a	account	t (if any	) to be :			_										
Partly	y remate	erialise	d and p	artly tra	nsferre	d.			🗌 Rem	naterial	ised							
Trans	ferred t	to anoth	ner acco	ount (Nเ	ımber gi	ven be	low)		Not Not	applica	ble							
DP ID								Clie	ent D									
Balance pr	esent ir	n a/c for		🗌 Ear	-Mark	🗌 Plec	lged	🗌 Froz	en	Lock	c-In							
(To be fille	ed by DP	, if appl	licable)	🗌 Per	nding for E	Demateria	lization	Pen Pen	ding for R	emateria	lization							
DECLARAT	ION: In (	case of <i>i</i>	Accoun	t Closur	e due to	SHIFTI	NG OF A	ACCOUN	IT:									
I/We declar	e and cor				ions in m	y/our de T	mat acco			hentic.			2	Haldan				
Name		1	lst Hold	er				2nd Ho	ider				Srd	Holder				
Name						+												
Signature																		

Note: This closure form can be used for only one DP account at a time i.e. CDSL or NSDL.

Q۲	IDF	C se	curit	ties	Ap	plic	ation for	· Cl	osing HDFC Securit	ies	Tra	adir	ıg 4	Acc	our	ıt
			0	T												
Date	D		Μ	Μ	Y	Y			HSL trading account							

Full Name (Details of Trading a/c holder only)

_																

I / We request you to close my /our Securities trading account mentioned above, with HDFC Securities Limited in accordance with the terms stipulated by the client member agreement entered into by me / us with HDFC Securities Limited and other terms and conditions issued by HDFC Securities Ltd from time to time.

I / We fully understand that by virtue of closure of the above Securities Trading Account. I am / we are also closing out the facility of e-IPO, Mutual Fund, Currency derivatives and all other Investment Product as offered by / through HDFC Securities Ltd.

I / we want to close the trading account for the following reason/s. ( $\checkmark$ ) *tick the below* 

Service issues with HDFC Securities Limited	Charges / Fee related issues
Service issues with HDFC Bank Limited	Status changes from NRI to RI (for NRIs only)
Other reasons :	

I / We further undertake to indemnify HDFC Securities Limited against any loss, claims, damages that may have accrued to HDFC Securities Limited prior to the termination / closure or which may arise out of or in connection with the transactions entered into or acts done or omitted prior to the termination/closure of the above trading account.

Also I / We, the undersigned, Single / Joint Holder/'s wish to de-link the Depository and Savings Account from the Securities Trading Account as given below

HDFC Bank Savings / Demat account													
De-Link my /our savings account as given below from HDFC Securities trading account													
Savings account number													
Cust ID / UCIC ID													
De-Link my / our demat acco	unt a	ıs giv	/en b	elow	from	HDF	C Se	curit	ies tr	ading	g acc	ount	
DP ID													
Client ID / Demat account no													

In case you wish to close your linked Demat account, kindly submit Demat account closure request duly signed by all the account holders to nearest HDFC Bank Branch providing DP services

(For CDSL demat a/c, mention the 1<sup>st</sup> eight digits in DP ID section and rest eight digits in Client ID / Demat a/c no section)

First Holder Name	Second Holder Name (incase of multiple holders)	Third Holder Name (incase of multiple holders)
Sign Here	Sign Here	Sign Here

#### Please send this application to the below mentioned office address HDFC Securities Limited

Trade Globe, 2nd Floor, Kondivita Junction, Andheri Kurla Road, Andheri (East), Mumbai - 400 059. Tel. No -022 39019400 Website: www.hdfcsec.com



#### Annexure

### Request for addition/deletion of beneficiary account details for execution of off-market transfer

To <participant's< th=""><th>s Name &gt;</th><th>Date</th><th></th><th>D</th><th>D M</th><th>М</th><th>Y</th><th>Y</th><th>Y</th><th>Υ</th></participant's<>	s Name >	Date		D	D M	М	Y	Y	Y	Υ		
<participant's< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></participant's<>												
DP ID		Ι	N									
Client ID												
Sole/First Ho	lder Name		I									
Second Holde												
Third Holder												
	inform you that I/we wish to ac fers including inter-depository tr		e the be	neficiary	account	s details	below	for exe	cutio	n of off-		
	Beneficiary DP ID											
Add	Beneficiary Client ID											
🔲 Delete	PAN of the First Holder											
🕅 Add	Beneficiary DP ID											
Delete	Beneficiary Client ID											
	PAN of the First Holder											
☐ Add	Beneficiary DP ID											
Delete	Beneficiary Client ID											
	PAN of the First Holder											
1	2 	uthorise	d Signat	ory (ies	3_ )							
	Pa	articipan	t Author	isation								
Name: Signature:		Participant's Stamp & Date										

