

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 BanDemat Servicing Branches)							
Applica	tion for Closure of D	emat Acco	unt (NSD	DL/CDSL))		
Date D M 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	Target Account Details						
(Transfer the balances / holdings in this account asTransfer to my / ou 		DP ID					
per details given) Transfer to any oth duly filled Delivery signed by all holde		Client ID					
Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form - For Mutual Fund units)]							
* 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 Unsatisfactory services High demat charges Consolidation of accounts 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							
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							
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.							
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 Client ID							
Demat Account Holder's Name							
Received by							
Bank Official Signature	Branch			SR No			
Date D D M M Y Y Y Y							