FORM 34

APPLICATION FOR CLOSING DEMAT & OR TRADING ACCOUNT (For Beneficiary Account only)

To, MATALIA STOCK BROKING PVT LTD. Matalia House, 21-New Jagnath Plot, Rajkot 360001 DP ID: IN303575 1. I / We hereby request you to close my/our according to the state of th	ount with you as	s per fo	Date ollowing	D deta	D ails:	M N	И У	Y	Y	Y
Na	ame of the holder	(s)								
Sole/ First Holder										
Second Holder										
Third Holder										
 Reason/s for Closure of depository account:	ucc coi	DE				-				
4. Please tick the applicable option(s) Option A [There are no balances / holdings in thi	s account]									
Option B Transfer to my / our own account	Target Account Details									
balances / holdings in this account as per details given] (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	□ NSDL □ CDSL	DP ID Client ID								
holders)Option C [Rematerialise / Reconvert (Submit du5. Signature(s)	luly filled Remat /	Reconv	ersion R	Reques	st For	m-for r	nutuai	fund ı	units)]	
Sole / First Holder										
Second Holder										
Third Holder										
	=======	== = =	====	= ==	===	:===	= == =		===	
	Acknowledge									
We hereby acknowledge the receipt of your request fo	or closing the follo	owing	Account	subje	ect to	verific	ation:			
DP ID										
Name of Sole / First Holder										
Name of Second Holder										
Name of Third Holder										
Signature of the Authorised Signatory						Seal/	Stamp	of Pa	rticipa	ant
Date						•	-		-	

FEEDBACK FROM CUSTOMER

Dear Customer,

Thank you very much for having operated demat account with us.

	Ном	How Do You Pate Our Sonvices & Charges								
	ПОМ	How Do You Rate Our Services & Charges								
	Services:		Charges							
	A – Excellent		Α	A – Low						
	B – Good		В	Moderate						
	C – Satisfacto	ory 🗆	С	– High						
	D – OK		D	Very High						
	E – Bad									
	Any Suggestions ?									
	,, eaggeenene									
			FOR OFFICE							
Accepted by Date Time	Bill Amount Bill Date	Payment Recd. (Amt)	Discount (if any)	Authorised Signatory	Verified By Dt. of Receip					