PMS REDEMPTION REQUEST



5th Floor, Ackruti Star, Central Road, MIDC, Andheri (E), Mumbai - 400 093. Tel.: (022) 3941 3940 Fax: (022) 2921 1599 | E-mail: pmshelpdesk@angelbroking.com

Angel Broking Pvt. Ltd: CIN: U67120MH1996PTC101709, BSE Cash: INB010996539 / BSE F&O MCX Stock Exchange Ltd: INE261279838 / Member ID: 10500. Angel Commodities Broking (P) L	: INF010996 d.: CIN: U67	539, CDSLRe 120MH1996P	gn. No.: IN TC100872	I-DP-CD	SL - 234 ember ID:	-2004, :12685/	PMS Regi FMC Reg	n. Code: jn. No.: N	PM/INF	0000015 M/COR	46, NSE	Cash: INE	32312798 Member II	338/NSE D 00220/	F&O: IN FMC Re	F231279 gn. No.: N	838/NS NCDEX/	E Currenc	y: INE23 RP / 0302	1279838,
Relationship Manager Code (Not to be filled by applicant)											D	ate:	D	D	М	М	Υ	Υ	Υ	Υ
Relationship Manager / Business Associate Name																				
1. PMS Account Details (Mandatory)*																				
Account Code:		Sch	neme	Nar	ne:															
Name of Sole / First Holder (First / Middle / Surname)	Nam	e of the	e Ent	ity																
Name of Second Holder (First / Middle / Surname) - To	be fil	led onl	y in c	case	of ir	ndivi	idual	S_												
Name of Third Holder (First / Middle / Surname) - To b	a fillac	d only i	n cas	e of	indi	vidu	ale													
Name of mild Horder (First/ Middle / Surname) = 10 b			li cas	01	IIIui	Vidu	ais													
Email Id (for sending confirmation of the fund	trans	fer)															1			
2. Redemption Details*																				
Partial Redemption (Please fill in details in Point 3) Full Redemption (Termination)																				
3. Redemption Payout Option*	Pay out	Option (Please	selec	t any	one)	_													
Fund Transfer (Please fill in details in Point 5 be	low)								7	Stocl	< Tra	nsfe	r (Ple	ease f	ill in d	etails	in Poi	nt 6 be	low)	
4. Redemption Amount (Please fil	,	amount of	reden	nption	- To b	e Fill	ed in c	ase o	_										,	
Amount in Figures				Aı	mou	nt ir	ı Wo	rds		Τ	Т		T		Τ	Т				
							Γ		Τ											
5. Bank Account Details* (To be	Filled in	case of F	und tra	ansfer	only)		1	1			1	-		1		1	-			
Name of the Bank							Τ		Τ	Τ				Τ						
Sole/ First Account Holders Name																			<u> </u>	
Account Type (Please select any one)	Savir	ngs			Curr	ent		Г		NRE				NRC)	Γ		Othe	ers	
Bank A/c No.																				
MICR Code							FSC	Co	de											
Branch Address		'	,														•			
Proof of Bank Account (Please select any one)																				
Cancelled Cheque (with the name of client printed on the	he cheque	!)		Ва	ank S	Stat	emei	nt (wi	th ban	name a	ınd sign	of bank	manag	jer)			Bar	ık Pa	ss E	Book
6. Demat Account Details (To be F	illed in cas	e of Stock tr	ansfer or	nly)																
DP Name																				
DP ID		CI	ient I	D																
Sole / First Account Holders Name																				
Proof of Demat Account (Please select any one)		Clien	t Mas	ster			D	P S	tate	men	İ									
I/We hereby declare that the details furnished above are true and correct be false or untrue or misleading or misrepresentative, I/We am/are aware																				
in favourable market conditions and at the best possible available price. I/We understand that except in case of full redemption, the terms and c		•				•				•					•				•	
redemption, the assets shall be redeemed within 30 days of the receipt of I/We agree that the clauses of the Portfolio Investment Management A									shall b	e bindi	ng on i	ne/ us.	I/We I	nereby	declar	e and	confirn	n that th	ie casl	h/stock
transferred from my/our bank account/demat account is towards the bank agreement executed jointly by the following joint holders:	nk accour	nt/deposito	ry acco	unt ope	ened, n	naintai	ned an	d opei	rated l	y the F	ortfolio	Mana	ger pu	rsuant	to the I	Portfol	io Inve	stment	Manag	gement
Name & Sign of First / Sole Holder	Name & Sign of Second Holder Authorized Signatory										Name & Sign of Third Holder									
Authorized Signatory			Autl	norized	Signa	itory				_				Autl	norized	i Signa	atory			
<u>A</u>	Ø										B									
	in case o					_	emat C													

G-1, Ackruti Trade Center, Road no.7, MIDC, Andheri (E), Mumbai - 400 093. E-mail: dpsupport@angelbroking.com | feedback@angelbroking.com Tel: (022) 2835 8800 / 3083 7700 Fax: (022) 2835 8811

CSO & Registered Office: G-1, Ackruti Trade Centre, Rd. No. 7, MIDC, Andheri (E), Mumbai -400093. Angel Broking Pvt. Ltd.: 85E Sebi Regn. No.: INB 010996539 / CDSL Regn. No.: IN-DP - CDSL - 234 - 2004 / PMS Regn. Code: PM/INP000001546 Angel Capital and Debt Market Ltd: NSE Cash: INB231279838/NSE F&O: INF231279838/NSE Currency: INE231279838, MCX Stock Exchange Ltd: INE261279838 /Member ID: 10500 Angel Commodities Broking (P) Ltd.: MCX Member ID: 12685 / FMC Regn. No.: MCX/TCM / CORP/0037 NCDEX: Member ID 00220 / FMC Regn. No.: NCDEX/TCM / CORP/0302

Trading DP Trading & DP Date:							Acco	unt	Closi	ıre F	Reau	est Fo	orm					CDSL DP ID: 12033200	
Clear in initiated by DP CDSL BO (to be filted by the Size Holder 1 Joint Holders / Guardian (in case of Minor) / Clearing Member request you to close my / our account with you from the date of this application. The details of mylour account are given below: We the Size Holder 1 Joint Holders / Guardian (in case of Minor) / Clearing Member request you to close my / our account with you from the date of this application. The details of mylour account are given below: We the Size Holder 5 Details						_											Dat	e:	
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DP D								Minor)	/ Clear	ring M	ember	request	you to	close	my /	our ac	count	with you from the date of this	
Name of the Second Holder			•		3														
Name of the Third Holder Name of the Third Holder Name of the Third Holder Address for Correspondence's State PIN	DP ID	1	2 0	3	3 2	2 (0		Client	ID*									
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Balance remaining in the account (if any) to be:	Details of ren	naining se	ecurity ba	lance	s in the	e acc	ount (il	f any)											
Transferred to another account (Number given below)					\ I		15 "					, ,					7.5		
DP ID	Balance rem	aining in t	ne accoun	t (if an	y) to b	e: _								helo	w)	L			
Balance present in all of for (to be filled by Dr. if applicables) "In case of Account Closure, Signature's of account holder(s) not required. In case of Account Closure due to SHIFTING OF ACCOUNT: If We declare and confirm that all the transactions in my / our demat account are true / authentic. First / Sole Holder Signature Signature* Account Closure Request Form (Trading) Angel Broking Pvt. Ltd. / Angel Commodities Broking Pvt. Ltd. Dear Sir, I / We the holder of the trading account request you to close my / our account with you from the date of this application. The details of my/our account are given below: Branch tag and name: Segments for closure: Branch tag and name: Segments for closing the account: Signature of Client: Branch Approval Signature of Client Branch Approval Acknowledgement Receipt Branch Approval Acknowledgement Receipt Date: Me hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification: DP ID 1 2 0 3 3 3 2 0 0 Client ID Name of the First / Sole Holder	DP ID] Hans	Terrea				(IVAIII)C	givei	I DCIO	~~			аррисавіс	
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Reasons for closing the account				N	SE [исх		DEX	ПМ	1CD		NSX	☐ All Segment	
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