



# MAH SECURITIES LIMITED

Shahnewaz Bhaban (5th Floor), 9/C, Motijheel C/A, Dhaka-1000  
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## BO ACCOUNT CLOSING FORM

### 01. ACCOUNT IDENTIFICATION

NAME OF THE ACCOUNT HOLDER

CLIENT CODE

BO ID (16 DIGITS)

MOBILE NUMBER

### 02. CLOSURE REQUEST DETAILS

REASON FOR CLOSURE

Portfolio Status:  Zero Balance  Transfer Securities  Remat in Progress

### 03. DECLARATION & AUTHORIZATION

I/We, the undersigned, request you to close my/our BO Account. I/We confirm that there are no outstanding dues or corporate actions pending. Any residual balance in the account after adjusting closing charges may be issued via BEFTN to my linked bank account.

First Holder Signature

Joint Holder Signature (if any)

Date

### 04. OFFICE USE ONLY

Department	Verification	Signature & Date
CDBL		
Accounts		
Management		

≈ ACKNOWLEDGEMENT SLIP (CLIENT COPY) ≈

#### RECEIPT OF APPLICATION

Date: \_\_\_\_\_

Received an application for **BO Account Closing** from **Mr./Ms.** \_\_\_\_\_

Client Code: [ \_\_\_\_\_ ] BO ID: [ \_\_\_\_\_ ]

Authorized Seal & Signature

**CDBL Account Closing Form**  
**Bye Law 7.7.1**  
Please fill in all the details in CAPITAL letters

Application No.

Date   
D D M M Y Y Y Y

To  
(Depository Participant Name)

DP ID

I/We, the Sole Holder / Joint Holders / Guardian (in case of minors) / Clearing Member request you to close my / our Depository Account with you. The details of my / our account are as indicated below:

**Account Holder's Details**

Account ID

Name of Account Holder

Name of Second Account Holder

Name of Third Account Holder

**Closure Details**

Reason for Closure of Account

**Details of Remaining Security Balances in the Account (if any)**

Whether to be partly rematerialized and partly transferred: YES  NO   
To be rematerialized: YES  NO  To be Transferred to another Account: YES  NO   
Whether any of the following is Applicable (To be filled by DP): Ear-marked  Pledged  Frozen

Name of Account Holder/s	Signature/s

Authorized Signature of Depository Participant

Seal of CDBL Participant

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