

## **Account Closure Request Form**

Date

Application No.									1	Date											
Closure Initiated by		□ B	O		DP			CDSL													
(To be filled by the I	BO. Plea	ase fi	ll all	the c	details	in <b>B</b> l	ock	Lette	ers ir	n Engli	ish)										
To,																					
Flat No:6, B R Complex, 2nd Floor, Old No:35 New No: 33,																					
CP Ramaswamy Road, Alwarpet, Chennai-600018																					
Dear Sir / Madam,																					
Dear Sir / Madam,																					
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## **Depository Participant Seal and Signature**

- Instructions to Account Holder(s)

  Submit a duly-filled RRF if the balances are to be rematerialized.

  Submit a duly-filled transfer form (off market instruction slip) if the balances are to be transferred to another A/c. The requirement is not applicable in case of "SHIFTING OF ACCOUNT"



## TRADING ACCOUNT CLOSURE FORM

Date:

From:	
To: Flat No:6, B R Complex, 2 CP Ramaswamy Road,Alv	and Floor, Old No:35New No:33,
Dear Sir, Sub: Closure o	f Trading Account – Reg
Ref: CASH/F&	cO/MCX – CLIENT CODE NO:
to close the same. In this regard, I amount as you have settled all my	ned account being operated by me with you for NSE/MCX, I wish have no dues from your company either in the form of securities & dues. Hence I do not have any claim against your company in may be treated as Full and Final settlement. Kindly close my
Thanking you, Yours faithfully,	
(Account holder's Signature) Name:	
Confirmed and acknowledged that t books of accounts.	here is no dues from the above mentioned client/client code in our
PN: FOR OFFICE USE ONL SIGNATURE	Y VERIFIED PERSON'S
CASH MARKET DEPOSIT	:
F&O MARKET DEPOSIT/MARGI	N :
RUNNING A/C BALANCE	<b>:</b>
D.P HOLDING	:
CASH MARKET AGREEMENT	÷
F & O MARKET AGREEMENT	:
DIRECTOR'S SIGNATURE	: