



Maitra Commodities Pvt Ltd

Account Closure Request Form

Application No.		Date													
Closure Initiated by	<input type="checkbox"/> BO <input type="checkbox"/> DP <input type="checkbox"/> CDSL														

(To be filled by the BO. Please fill all the details in **Block Letters** in English)

To,

**Flat No:6, B R Complex, 2nd Floor, Old No:35 New No: 33,
CP Ramaswamy Road, Alwarpet, Chennai-600018**

Dear Sir / Madam,

I / We the Sole Holder / 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 my/our account are given below:

Account Holder's Details															
DP ID	1	2	0	8	9	3	0	0	Client ID						
Name of the First / Sole Holder															
Name of the Second Holder															
Name of the Third Holder															
Address for Correspondence															
City								State				PIN			

Details of remaining security balances in the account (if any)															
Reasons for Closing the Account															
Balance remaining in the account (if any) to be :															
<input type="checkbox"/> partly rematerialized and partly transferred.								<input type="checkbox"/> Rematerialized							
<input type="checkbox"/> Transferred to another account (Number given below)								<input type="checkbox"/> Not applicable							
DP ID								Client ID							
Balance present in a/c for (To be filled by DP, if applicable)								<input type="checkbox"/> Ear - marked				<input type="checkbox"/> Pledged			
								<input type="checkbox"/> Pending for Dematerialization				<input type="checkbox"/> Frozen.			
								<input type="checkbox"/> Pending for Rematerialisation				<input type="checkbox"/> Lock-in.			

DECLARATION: In case of Account Closure due to SHIFTING OF ACCOUNT:															
We declare and confirm that all the transactions in my/our account are true authentic															

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature *			

*If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.

======(Please Tear here)=====

Acknowledgement Receipt

Application No.

Date :-

We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification: -

DP ID								Client ID							
Name of the First / Sole Holder															
Name of the Second Holder															
Name of the Third Holder															
Reason for Closure															

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**"



Maitra Commodities Pvt Ltd

TRADING ACCOUNT CLOSURE FORM

Date:

From: _____

To:
**Flat No:6, B R Complex, 2nd Floor, Old No:35 New No:33,
CP Ramaswamy Road,Alwarpet,Chennai-600018,**

Dear Sir,

Sub: Closure of Trading Account – Reg

Ref: CASH/F&O/MCX – CLIENT CODE NO:_____

With reference to my above mentioned account being operated by me with you for NSE/MCX, I wish to close the same. In this regard, I have no dues from your company either in the form of securities & amount as you have settled all my dues. Hence I do not have any claim against your company in whatsoever manner and this letter may be treated as Full and Final settlement. Kindly close my account and do the needful.

Thanking you,
Yours faithfully,

(Account holder’s Signature)
Name:

Confirmed and acknowledged that there is no dues from the above mentioned client/client code in our books of accounts.

PN: FOR OFFICE USE ONLY
SIGNATURE

VERIFIED PERSON’S

CASH MARKET DEPOSIT : _____
F&O MARKET DEPOSIT/MARGIN : _____
RUNNING A/C BALANCE : _____
D.P HOLDING : _____
CASH MARKET AGREEMENT : _____
F & O MARKET AGREEMENT : _____
DIRECTOR’S SIGNATURE : _____