

Account Closure Request Form

Application No.		Date	D	D	M	M	Y	Y	Y	Y
Closure Initiated by	<input type="checkbox"/> Depositer/Client <input type="checkbox"/> RP <input type="checkbox"/> CCRL									

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

To,
Kunvarji Finstock Pvt. Ltd.
First Floor, Block B, Siddhivinayk Towers,
Next to Kataria Houser, Makarba,
Ahmedabad - 380051, Gujarat

Dear Sir / Madam,

I / We the Commodity Owner (Client) / 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										
RP ID *	12048400					Client ID *				
Client Name *										
Address for Correspondence *										
City *				State *				PIN *		

Details of remaining commodity balances in the account (if any)									
Reasons for Closing the Account									
Balance remaining in the account (if any) to be :									
<input type="checkbox"/> Partly withdrawn and partly transferred.					<input type="checkbox"/> Withdrawn				
<input type="checkbox"/> Transferred to another account (Number given below)					<input type="checkbox"/> Not applicable				
RP ID				Client ID					
Balance present in account for (To be filled by RP, if applicable)					<input type="checkbox"/> Pending for Deposit		<input type="checkbox"/> Pledged		
					<input type="checkbox"/> Pending for Withdrawal		<input type="checkbox"/> Frozen		
					<input type="checkbox"/> Lock-in				

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

	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Signature as per RP Records			

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

=====-(Please Tear Here)-=====

Acknowledgement Receipt

Application No. _____ Date :- _____

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

RP ID		Client ID	
Client Name			
Reason for Closure			

Repository Participant Seal and Signature

Instructions to Clients(s)

- Submit a duly-filled withdrawal request form if the balances are to be withdrawn.
- Submit a duly-filled Instruction Slip (off market instruction slip) if the balances are to be transferred to another Account. This requirement is not applicable in the case of "**SHIFTING OF ACCOUNT**".
- Submit a duly-filled board resolution with closure request of non-individual account.