



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,
Repository Participant Name
Address

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

Account Holder's Details									
RP ID *		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 Partly withdrawn and partly transferred.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 Withdrawn				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				

DECLARATION: 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- Submit a duly-filled withdrawal request form if the balances are to be withdrawn.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.