

# LATIN MANHARLAL COMMODITIES PVT. LTD.

**CORP. OFFICE :** 5<sup>th</sup> Floor, 124 Viraj Building, S. V. Road, Khar – West, Mumbai 400 052  
**PHONE :** 40824082 ; FAX : - 91 – 22 – 40350132.  
**E – MAIL :** [support@lmcp.com](mailto:support@lmcp.com)  
**WEB SITE :** [www.latinmanharlal.com](http://www.latinmanharlal.com)

## ACCOUNT CLOSURE FORM.

DATE 

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**CLIENT ID**

**SEGMENT MCX / NCDEX / NSEL**

**CLIENT NAME**

Dear Sir / Madam,

I / We request you to close my / our Trading account with you from the date of this application, I / we indemnify M/s. Latin Manharlal Commodities. Pvt. Ltd. towards any future liabilities that might be occur on account of my / our trading activity carried out by me / us.

Reasons of closing the Account. :- \_\_\_\_\_

Client Signature :

\_\_\_\_\_

Authorised Branch Manger /

Sub Broker Signature.

Authorised Person

Details of balances in the account. (if any)

Account Credit / Debit Amount.

Stock in Beneficiary Account.

Rs.

Yes / No

For Office Use Only :-

Received Date : / /

Closing Date : / /

Request No. :

Authorised

Signatory

\*If Trading Member or Exchange initiates account closure, Signature (s) of client (s) not required.