

Sharewealth Commodities Pvt.Ltd

4th Floor, Pooma Complex
No.25/469/23, MG Road
Thrissur - 680 001

Ph:0487-2428902 / 2442351 / 52, Email: ho@sharewealthindia.com



Ref No:

Account Closure Request Form

Application No.		Date																	
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(Please fill all the details in **Block Letters** in English)

Dear Sir / Madam,

I / We the Sole Holder / 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:

Trading Account

Account Holder's Details	
Client Code	
Name of the First / Sole 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 :	

First / Sole Holder	
Name	
*Signature	