

Account Closure Request Form

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

To,
SIDDHARTHA COMMODITIES PVT.LTD.
C-73, ADARSH NAGAR, NEAR ADARSH
NAGAR POLICE STATION, JAIPUR,
RAJASTHAN-302004

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														
Client Code										PAN				
Client Name														
Address for Correspondence														
City		State		Country	India	PIN								

Reasons for Closing the Account													
Details of remaining fund /security balances in the account (if any) 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 account 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:
I/We declare and confirm that all the transactions in my/our Trading / demat account are true/ authentic

Client Name		Authorized Signatory	
Signature *			

===== (Please Tear Hear) =====
Acknowledgement Receipt