

## Account Closure Request Form

Please fill all the details in **Block Letters** in English

Date

BRANCH/ASC TAG NAME:

To,

TRADEDEAL COMMODITIES SERVICES PRIVATE LIMITED

Regd. Office : A1210, Floor No.12, Titanium City Centre, Nr. Sachin Tower, 100ft Anand

Nagar Road,Satellite, Ahmedabad - 380015, Gujarat

Correspondence Office :- Office No. 104, Plot No. 1891, Shukan Complex, Rupani  
Circle to Atabhai Chowk, Bhavnagar – 364 001, Gujarat (India).

Dear Sir,

I/We, \_\_\_\_\_ the Sole Holder of the trading account request you to close my/our account with you from the date of this application. The details of my/our account are given below.



NAME OF CLIENT: \_\_\_\_\_

TRADING KYC CODE: \_\_\_\_\_

REASON: \_\_\_\_\_

Further I/We hereby confirm that all outstanding towards funds, securities and collateral are settled to my/our satisfactions. I/we understand & agree that any liabilities and/or obligations arising out of in respect of transactions entered into prior to the closure of this account and/or any charges pertaining to the period prior to the closure of this account shall continue to subsist and vest in and/or be binding on me/us, my/our heirs, legal representatives, executors, administrators or successors, as the case may be.

### SEGMENTS FOR CLOSURE:

<b>MULTI COMMODITY EXCHANGE OF INDIA LIMITED (MCX)</b>	 _____
<b>NATIONAL COMMODITY &amp; DERIVATIVES EXCHANGE LIMITED (NCDEX)</b>	 _____

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Authorised Person Approval: \_\_\_\_\_