



GCL Securities Private Limited

3rd Floor, Raghukul Tower, Khatipura T-Point, Sirsi Road, Jaipur-302021 (Raj)

Account Closure Request Form

Application No.		Date	D	D	M	M	Y	Y	Y	Y
Closure Initiated by	<input type="checkbox"/> BO <input type="checkbox"/> DP <input type="checkbox"/> CDSL									

(To be filled by the BO (in case of BO-initiated closure). Please fill all the details in Block Letters in English)

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											
DP ID	1	2	0	8	2	4	0	0	Client ID	0	0
Name of the First / Sole Holder											
Name of the Second Holder											
Name of the Third 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 :											
<input type="checkbox"/> partly rematerialised and partly transferred.						<input type="checkbox"/> Rematerialised					
<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 Dematerialisation			<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 demat account are true/ authentic.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature *			

*If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.

=====-(Please Tear Hear)=====

Acknowledgement Receipt

Application No.

Date :-

We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification: -

DP ID									Client ID		
Name of the First / Sole Holder											
Name of the Second Holder											
Name of the Third Holder											
Reason for Closure											

Depository Participant Seal and Signature

Instructions to Account Holder(s)

- o Submit a duly-filled RRF if the balances are to be rematerialized.
- o Submit a duly-filled Delivery Instruction Slip [DIS] (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".



EQUITY TRADING ACCOUNT CLOSURE FORM

To,
GCL Securities Private Limited
Corporate Identity No. (CIN): U67120HR2012PTC046079
Account Opening Department,
3rd Floor, Raghukul Tower,
Khatipura T-Point, Sirsi Road
Jaipur-302021 (Raj.)

Date:

Dear Sir / Madam,

I/We am/are maintaining a Trading Account bearing Client ID _____with GCL Securities Private Limited.

I/We request you to close my Trading Account with you.

I declare and confirm that all the transactions in my trading account are true /authentic and I do not have any grievances / complaints with GCL Securities Private Limited with regard to transactions in my trading account”

Account Holder Name _____

Account Holder Signature _____

- Your Balance Amount (if any) would be transferred to your linked bank account or the cheque for the same shall be sent at your registered Address.
- Please clear all outstanding dues before submitting this form.

For Office Use Only:

Dues Checked By	Captured By	Verified By



COMMODITY TRADING ACCOUNT CLOSURE FORM

To,
GANGANAGAR COMMODITY LIMITED
Corporate Identity No. (CIN): U51109UP1994PLC016647
Account Opening Department,
15, National Highway,
Opp. S.D. College,
Sri Ganganagar-335001

Date:

Dear Sir / Madam,

I/We am/are maintaining a Trading Account bearing Client ID _____with Ganganagar Commodity Limited.

I/We request you to close my Trading Account with you.

Account Holder Name _____

Account Holder Signature _____

- Your Balance Amount (if any) would be transferred to your linked bank account or the cheque for the same shall be sent at your registered Address.
- Please clear all outstanding dues before submitting this form.

For Office Use Only:

Dues Checked By	Captured By	Verified By