



**TRADING ACCOUNT CLOSURE FORM**

To,  
GANGANAGAR COMMODITY LIMITED  
Corporate Identity No. (CIN): U51109UP1994PLC016647  
Account Opening Department,  
3<sup>rd</sup> 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 Ganganagar Commodity Limited.

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

NSE       BSE       MCX       NCDEX

**I declare and confirm that all the transactions in my trading account are true /authentic and I do not have any grievances / complaints with Ganganagar Commodity 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.

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**For Office Use Only:**

Dues Checked By	Captured By	Verified By



## Ganganagar Commodity Limited

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

### Account Closure Request Form

Application No.	Date
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 Here)=====

**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)**

- Submit a duly-filled RRF if the balances are to be rematerialized.
- 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**".