

ACCOUNT CLOSURE FORM

Client Code		Date	
Client Name			

To,
Libord Brokerage Pvt. Ltd.
524, B-Wing, Chintamani Plaza,
Near W.E. Highway Metro Station,
Andheri Kurla Road, Andheri (East),
Mumbai 400099.

Dear Sir / Madam,

I / We request you to close my / our Trading account with you from the date of this application. I / We hereby indemnify M/s Libord Brokerage Pvt. Ltd. towards any future liabilities that might occur on account of my / our trading activity carried out by me / us.

Reasons of closing the Trading Account :- _____

Client Signature*: _____

Authorised Branch Manager /

Sub Broker Signature.

Authorised Person

Details of balances in the account. (if any)

Account Credit / Debit Amount.

Rs.

Stock in Beneficiary Account.

Yes / No

For Office Use Only : -

Received Date								
Closing Date								
Request No.								

For Libord Brokerage Pvt. Ltd.

Authorised Signatory

**If Trading Member or Exchange initiates account closure, Signature (s) of client (s) not required.*