

Account Closure Request Form

Application No.		Date	D	D	M	M	Y	Y	Y	Y
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To,
KJMC CAPITAL MARKET SERVICES LTD
168, Atlanta, 16th Floor
Nariman Point
Mumbai 400021

Sub : Closure of Broking account.

Dear Sir / Madam,

I / We request you to close my / our clients and margin account with you with immediate effect. The details of my/our account are given below:

Account Holder's Details														
Client ID														
Name of the Client														
Address for Correspondence														
City				State			PIN							

I / We confirm that there are no dues whatsoever pertaining to funds / securities from your company.

Kindly do the needful and oblige.

Signature
(Name of the Client)