FCSL

Equity/Commodity/Currency/Spot Trading Account Closure Form

To,

Frontline Capital Services Ltd.
B-22, Sector -4, Noida.
Uttar Pradesh – 201301
PH. 0120 – 2534066,67,68

Dear Sir/ Madam

I/we am/are maintaining an Equity / Commodity / Currency / SPOT Trading Account bearing Client Code_____ with you. I/we request you to close my/our Equity Trading Account with you.

Equity ☐   **Commodity** ☐   **Currency** ☐   **Spot** ☐

Reason of Account closer
☐ Personal
☐ Financial
☐ Others (Specify) _____

Client Name_____

Signature _____
          (Sign. With Stamp in Case of Non-Individual Account)

*Please clear all your outstanding dues before submitting this form.
*Your Balance Amount (if any) would be sent to your Trading Account Mailing Address through cheque.

For Office Use Only:

Checked By	Captured By	Verified By
Dues Checked By	Stock Checked By	Holding Checked By

ACCOUNT CLOSURE REQUEST FORM

Application No.		Date							
Closure Initiated by	☐ BO	☐ DP	☐ NSDL						

(To be filled by the BO. Please fill all the details in **Block Letters** in English)

To,

Frontline Capital Services Ltd.

B-22, Sector -4, Noida.
Uttar Pradesh - 201301
PH. 0120 – 2534066,67,68

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	I	N	3	0	0	5	6	4	CLIENT ID							
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	
Incase of account closure - Balance remaining in the account to be (If any)	☐ Partly rematerialized and partly transferred. ☐ Rematerialized. # ☐ Transferred to another account (Number given below) ☐ Not applicable.

DP ID	I	N	3	0	0	5	6	4	
Client ID									

Balance present in a/c for (To be filled by DP, if applicable)	☐ Pending for Dematerialisation ☐ Frozen ☐ Ear - marked ☐ Lock-in ☐ Pending for Rematerialisation ☐ Pledged

DECLARATION : In case of Account closure due to SHIFTING OF ACCOUNT :

I/We declare and confirm that all the transaction in my/our demat account are true/authentic.

	First / Sole Holder	**Second Holder**	**Third Holder**
Name			
Signature *			

*If DP or NSDL 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	I	N	3	0	0	5	6	4	Client ID							
Name of the First / Sole Holder																
Name of the Second Holder																
Name of the Third Holder																
Reason for Closure																

Instructions to Account Holder(s)

■ Submit a duly-filled RRF if the balances are to be rematerialized.   **(Depository Participant Seal and Signature)**

■ Submit a duly-filled transfer form (off market instruction slip) if the balances are to be transferred to another A/c.