

# ENRICH FINANCIAL MARKET PVT LTD

## ACCOUNT CLOSING REQUEST FORM

From

Date: \_\_/\_\_/\_\_\_\_

To

Enrich Financial Market Pvt Ltd.,  
Old No:85-86, New No:241, III Floor, Ziad Court  
Rangarajapuram Main Road, Kodambakkam,  
Chennai – 600 024

**Sub: Closing Request for Trading Account Number \_\_\_\_\_**

I / We the holder of the trading account request you to close my / our account with you from the date of this application. The details of my/our account are given below:

Client Code		Client Name	
Branch Code		Branch Name	
Franchisee Code		Franchisee Name	

(Client Signature with Name) (BM Signature with Name) (Franchisee Person Signature)

### For Branch Use Only

Is there any Open position?	
Ledger Balance if any?	
Is there any pending complaint / Issue?	
Reason for closing the account	
Remarks if any	