



Trading Account Closure Form

To,

Date:

Great Ventures

2B jahnvi Heights,

Babu Jagan Street, Kannan Bala Nagar, Arumbakkam

Chennai-600106

Dear Sir / Madam,

I/We am/are maintaining a Trading Account bearing Client ID _____ with Great Ventures.

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

Segments for closure: MCX

Reason of Account closer

- Personal
- Financial
- Others (Specify) _____

Account Holder Name:

Branch tag and 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.

For Office Use Only:

Branch Approval	Authorized signature