

ACCOUNT CLOSING REQUEST

Date: _____

Dear Sir/Madam,

This is in context to my/our Client Code _____ maintained with BMA Capital Management Limited. I/We would like to close the trading account permanently along with CDC-Sub Account No **01826** - _____.

Kindly dispatch cheque of balance amount (if any) to my/our registered postal address available in your record.

Furthermore, if there is any shareholding in my/our CDC Sub accounts, kindly transfer as per enclosed delivery instruction.

Thank you

Name & Signature
Main Applicant

Name & Signature
Joint Applicant - 1

Name & Signature
Joint Applicant - 2

Name & Signature
Joint Applicant - 3

For Office Use only

FOR EQUITY SALES

Dealer Remarks: _____

Signature: _____

FOR Risk Management

	<u>Remarks</u>
CDC Fee _____	_____
NCCPL Fee _____	_____
CGT Tax _____	_____
CGT Calculation Fee _____	_____
Custody Charges _____	_____
Balance Payment _____	_____

Approved **Rejected** (Fill remarks in case of Rejection) **Signature:** _____

FOR Operations

UIN Closed NOC (Date): _____ BC Closed CDC Sub A/C _____ Closed

Remarks: _____ **Signature:** _____