## APPLICATION FOR ACCOUNT CLOSURE REQUEST

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

ACEMONEY Prosper with profits	

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## ACEMONEY INTERMEDIARIES PRIVATE LIMITED

907, 9th Floor, K																	
26, K.G. Marg, N Dear Sir/Madam,	lew Delh	1-11	0001	L													
Dear Sii/Madaili,			Sul	: Re	ques	t for	closure of Ac	count									
Application No.							Date	D	)	D	Μ	M	}	7	Y	Y	Y
Closure Initiated by	□BO	□ DP		□ CD	SL		ADING ACCO	UNT									
(To be filled by the BO (in	case of BO-ini	tiated c	losure).	. Please	fill al	l the d	etails in Block Lett	ers in E	nglish	1)							
I / We											case	of N	1inoi	) /	Clea	ring	
Member request yo	ou to close	my /	our a	accou	nt wi	ith yo	ou from the date	e of th	is aj	plic	cation	. The	detai	ils o	of my	our/	
account are given b																	
Account Holder's D	etails							1	_	-			_			1	
DP ID 1	2 0	3	3	4	0	0	Client ID										
Trading Code:						•		•	•					•			
Name of the First / Holder	Sole																
Name of the Secon	d Holder																
Name of the Third																	
Address for Corres	pondence																
City					9	State	1		P	IN							
*Reasons for Closi	ng the Acc	Oint .			Р	naic											
Details of remaining				in the	2 200	aunt	(if ony)										
Balance remaining	in the acco	y Daia Dunt (	if any	/) :	acc	ount	(II ally)										
□ Partly rematerializ			•				Rematerial	zed									
☐ Transferred to ano	•	•			en he	olow)											
DP ID 1							Client ID	T		1		1	1			1	
1	2 0	3	3	4	0	0 D.F.	r - marked				Dla	dged					
Balance present in a		ſ				□ Pe	ending for Den	nateria	liza	tion	Fro	ozen					
(To be filled by DP applicable)	, 11					□ Pe	ending for Den	nateria	liza	tion		ck-in					
applicable)						ļ											
*DECLARATION	: In case	of Ac	coun	t Clo	sure	due	to SHIFTING	GOF	AC	COU	JNT:						
I/We declare and co					ions	in my				true	/ auth	entic					
	First / S	Sole 1	Hold	er			Second H	oldei	•		Third Holder						
Name																	
Signature *																	
IMPORTANT NOT	E:-																
Please note that if the respective ent	incase of ac		-				•	ip/ Pa	rtne	rship	/ HU	IF /Co	rpora	te /	Trus	ts, sta	mp of
<ul> <li>You are required t</li> </ul>	•			_		_		arain a	ccoi	int l	hofora	closia	na tha	200	ount		
<ul> <li>You are required t</li> </ul>							•	_		-			-		Journe	,	
□ In case you have a			vour	tradir	na aco	count	the balance am	ount v	vill b		_				ling a	ddress	5
			AC	KN(	)WL	<u>EDC</u>	SEMENT RE	CEIP'	T				Date				
<b>Application No.</b> We hereby acknowl	adaa tha r	ooint	of th	o vou	r inc	truoti	on for Closing	tha f	1101	vino	. A oo	ount c	uhio	ot to	vor	ificati	on:
DP ID 1	2 0	3	3	1 4	0	0	CLIENT ID		JIIO	will g	Acci	Juiit 8	ubje	ci ii	VEL	incau	011
UCC Code / Tradi		3	3	4	U	10	CLIENT ID										
Name of First / So																	
Name of Second H																	
Name of Second F						+											
Reason For Closur						-											
Reason For Closul	ıc																
								Depo	osito	orv l	Partio	cipan	t Sea	al ai	nd Si	ignati	ure