

REQUEST FOR CLOSURE OF TMS ACCOUNT

Date: __/__/____

To

The Branch Manager

Aryatara Investment and Securities Pvt. Ltd.

_____ Branch

Dear Sir,

Request for closure of account:

Name of the Account Holder: _____

TMS Client ID: _____

I am having the TMS account with your branch for the last _____ years.

I request you to close the above account for the following reason/s.

a)

b)

I hereby declare I have cleared all the transactions withheld within the company and I under my own free will am requesting for account closure.

Yours faithfully,

Name:

Signature: _____

To be filled by Account Head:

Ledger Due Balance: _____ (Cr / Dr)

Payment mode: () Cash () Cheque () Online Transaction ()

Transaction ID: _____

Approved By

Approval date

Signature