



Marwadi Shares & Finance Limited

CORP. OFFICE:- "MARWADI FINANCIAL PLAZA", NANA MAVVA MAIN ROAD, OFF. 150 FEET RING ROAD, RAJKOT-360 005.
Phone (0281) 2332001 2332007 Fax :- 0281 2331241

To,
Marwadi Shares & Finance Ltd.
Rajkot – 360 005.

Date: ___/___/20__

I/We hereby request you to close my / our account with you.

I/We request you to transfer the balance of securities to my / our account with DP Name: _____
_____ bearing my Client ID No. _____.

For Beneficiary (INDIVIDUAL / CORPORATES) Account Only

DP ID	I	N	3	0	0	9	7	4	Client ID								
	Holder's Name								Signature (s)								
First/Sole Holder																	
Second Holder																	
Third Holder																	

For Clearing Member Account Only

DP ID	I	N	3	0	0	9	7	4	Client ID								
	Authorised Name								Authorised Signatories								
Client Id																	
CM-BP ID																	
CC-CM ID																	

ACCEPTED BY DATE & TIME	BILL AMOUNT BILL DATE	PAYMENT RECD. (AMT)	DISCOUNT (IF ANY)	AUTHORISED SIGNATORY	VERIFIED BY DT. OF RECP.	CLOSED BY
					(ACCOUNT)	(DEMAT OPER.EXE)

Received by _____ Branch

Received the above application from Mr./Mrs./M/s. _____ Sr. No. :

Client ID _____ on Date _____ Time _____

The execution of A/c. Closure application is subject to verification and payment of all dues.

Accepted by _____ Date : _____ Sign. _____

For, **MSFL (Authorised Signatory)**

INSTRUCTIONS: 1. Relevant portions to be filled-in, 2. Please strike off as N.A. Whatever is not applicable.

(PTO for more information)

FEEDBACK FROM CUSTOMER

Dear Customer(s),

Thank you, very much for having operated Demat Account with us. Kindly provide your valuable remarks / comments which will help us to provide better service to our prestigious active clients.

Reason for Closing Account	
<input type="checkbox"/> No Balance.	
<input type="checkbox"/> No More Transaction.	
<input type="checkbox"/> Shifting To Other Place.	
<input type="checkbox"/> Shifting Portfolio in Other Account.	
<input type="checkbox"/> Higher Depository Charges.	
<input type="checkbox"/> Other (Please Mention) : _____	
How Do You Rate Our Services & Charges	
<p>➤ SERVICES</p> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> OK <input type="checkbox"/> Bad	<p>➤ CHARGES</p> <input type="checkbox"/> Low <input type="checkbox"/> Very High <input type="checkbox"/> High <input type="checkbox"/> Moderate
<p>Any Suggestions? : -</p> <hr/> <hr/>	