

Account Closure Form

Application No. : _____

Date: ___ / ___ / _____

To,

Avighna Commodities

Office No. 707 Airen Heights
Plot No.13,PU-3 Scheme No 54
Opp.Orbit Mall A B Road Indore

Dear Sir / Madam,

I / We the Sole Holder / Joint Holders / Guardian (in case of Minor) / Clearing Member request you to close my / our account with you from the date of this application. The details of my/our account are given below:

Client Details:

Client Name:	
Client Code:	
Client Address:	
Reason for Closure:	

I/We hereby declare that I/we do not have any grievance with Avighna Commodities.

I/ We confirm the receipt of all the prescribed documents during the period that I/we traded with Avighna Commodities and have not observed any discrepancies.

Kindly do the needful at the earliest.

I/We declare and confirm that all the transactions in my/our trading account are true/ authentic.

Name	
Signature	