

HARIHAR SECURITIES PRIVATE LTD.

Application Form for Closing Demat/Trading A/c

M/s.Harihar Securities Pvt. Ltd 268A, B B Ganguly Street, 4th Floor, Kolkata-700012 Trading Code: Demat Client Id: Dear Sir, I/We hereby request you to close my/our Trading cum Demat account due to reason Documents copy is/are attached for your process. Name(s) of the Holder	To			Date: / /		
Trading Code: Demat Client Id: Dear Sir, I/We hereby request you to close my/our Trading cum Demat account due to reason Documents copy is/are attached for your process. First/ Sole Holder Second Holder First/Sole Holder First/Sole Holder Second Holder Second Holder Second Holder	M/s.Hari	har Securities Pvt. Ltd				
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	Dear Sir,					
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Name(s) of the Holder First/ Sole Holder Second Holder Third Holder Signature(s) First/Sole Holder Second Holder			•			
First/ Sole Holder Second Holder Third Holder Signature(s) First/Sole Holder Second Holder	reason	Documents c				
Second Holder Third Holder Signature(s) First/Sole Holder Second Holder			N	ame(s) of the Hold	er	
Third Holder Signature(s) First/Sole Holder Second Holder	First/ Sole	e Holder				
Signature(s) First/Sole Holder Second Holder	Second Holder					
First/Sole Holder Second Holder	Third Hol	der				
Second Holder				Signature(s)		
	First/Sole	Holder				
Third Holder	Second H	older				
	Third Hol	der				
	(Name &	& Signature of Client/ Authorized				
(Name & Signature of Client/ Authorized	Signator	y)				
(Name & Signature of Client/ Authorized Signatory)						
	[l				
	To be	e filled by HSPL Regd. Office		For Head Office Use:		
Signatory) []		Particulars of Employee accepting requ	uest	Entered by:	Verified by:	
Signatory) [] To be filled by HSPL Regd. Office For Head Office Use:		Name:				
Signatory) To be filled by HSPL Regd. Office Particulars of Employee accepting request Entered by: Verified by:		Designation:				
Signatory) To be filled by HSPL Regd. Office Particulars of Employee accepting request Name: Name:	mn)	Signature				
Signatory) To be filled by HSPL Regd. Office Particulars of Employee accepting request Name: Name:	(11P)	Jigilatai Ci			i	

Instructions: 1) Copy of Self attested Id/Address proof.

2) Board Resolution copy in case of Corporate Account