**Account Closure Request Form**

ONLY FOR NERL CLIENTS

(To be filled by the BO (in case of BO-initiated closure). Please fill all the details in **Block Letters** in English)

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| **Application No.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Closure Initiated by** | **BO** |  |  | **RP / CP** |  |  | **NERL** |  |  |

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| **Date** |  |  |  |  |  |  |  |  |

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| **RP / CP Name** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Address** |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Dear Sir / Madam,

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

**Account Holder’s Details:**

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| **RP / CP I D** |  |  |  |  |  |  |  |  |  |  | **Client ID** |  |  |  |  |  |  |  |  |  |  |

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| **Name of the Sole / First Holder** |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name of Second joint Holder** |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name of Third joint Holder** |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **City** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **State** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Country** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Reasons for Closing the Account** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name** | **First Authorized Signatory** | **Second Authorized Signatory** | **Third Authorized Signatory** |
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| **Signature** |   |   |   |

\*If RP / CP or NERL initiates account closure, Signature(s) of account holder(s) not required. Senior official of RP / CP should sign the form in case RP / CP initiates closure.

**Please tear here**

**Acknowledgement Receipt**

|  |  |  |  |  |  |  |  |  |
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| **Date** |  |  |  |  |  |  |  |  |

 We hereby acknowledge the receipt of your instruction for Closing the following Account subject to verification: -

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| **RP / CP I D** |  |  |  |  |  |  |  |  |  |  | **Client ID** |  |  |  |  |  |  |  |  |  |  |

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| **Name of the Sole / First Holder** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name of Second Holder** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name of Third Holder** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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 **Details of remaining Commodity balances in the account (if any)**

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|  |

 For Office Use Only)

|  |  |
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| **Employee Name** |  |
| **Employee Code** |  |
| **Designation** |  |
| **Signature & Stamp** |  |