



ACCOUNT CLOSING REQUEST FORM

	Day	Month	Year
DATE			

To: Zafar Securities (Pvt.) Ltd. (ZSL)
Corporate Member Lahore Stock Exchange (G) Ltd
Securities and Exchange Commission of Pakistan
Broker Registration ID
Central Depository Company of Pakistan Participant ID

Code 069

BRL-11

A03244

From: _____
 (Full name of Applicant) (Client Code)

Address: _____

Mobile Number _____
Land Line Number _____
Email _____

*All fields must be filled

Please refer to the account opening form and its terms and conditions you are requested to close my/our account with **Zafar Securities (Pvt.) Ltd.**

ZSL INDIVIDUAL ACCOUNT # _____

ZSL JOINT Account # _____

 (Name Secondary Account Holder)

ZSL Margin Account # _____

You are further authorized to close my/our CDC Sub Account No. _____ and transfer (if any) all my holdings to Account No. _____; deduct any charges that are due and send me the remaining pay order/demand draft in my name at my postal address mentioned above.

Please consider this application as a full and final settlement of my/our account with ZSL and I/We the undersigned agrees to indemnify and to hold harmless ZSL, its affiliates and respective officers, directors, agents and employees, against any and all losses, claims, damages and expenses, including legal fees, to the extent any such losses, claims, damages and expenses are due to the acts or omissions of ZSL, its officers, directors, agents and employees.

Signature Primary Account Holder

Signature Secondary Account Holder

Witness (Name & Signature)

CNIC Number (of witness)

Signature & Name Other Account Holder

Enclosures: Please attach valid copy of CNIC/NICOP of the Applicant.

For Office Use Only:

Date of Call: _____	Time of Call: _____		
Date of Call: _____	Time of Call: _____		
Remarks: _____			
CDC Approval	Accounts Approval	CEO Approval	Final Approval
_____ CDC Signature	_____ Accounts Signature	_____ CEO Signature	_____ Stamp & Approval Signature