



Head Office:
 CDC House,
 99-B, Block 'B', S.M.C.H.S.,
 Main Shahr-e-Faisal,
 Karachi-74400.
 Tel : (92-21) 111-111-500
 Fax : (92-21) 34326027

Karachi Stock Exchange Office:
 8th Floor,
 Karachi Stock Exchange Building,
 Stock Exchange Road,
 Karachi-74000.
 Tel : (92-21) 32416774
 Fax : (92-21) 32444799

Lahore Office:
 2nd Floor,
 307 Upper Mall,
 Lahore - 54000.
 Tel : (92-42) 35789378-87
 Fax : (92-42) 35789340

Islamabad Office:
 Room # 410, 4th Floor,
 ISE Towers, 55-B, Jinnah Avenue,
 Blue Area, Islamabad - 44000.
 Tel : (92-51) 2895456-9
 Fax : (92-51) 2895454

URL: www.cdcpkistan.com | Email: info@cdcpak.com | Customer Support Services: 0800-CDCPL (23275)

INVESTOR ACCOUNT CLOSING REQUEST FORM

IAS COPY

DATE	Day			Month			Year			FORM NO.

Kindly close my/our account

NAME OF INVESTOR ACCOUNT HOLDER
INVESTOR ACCOUNT NUMBER
IN CASE OF ANY BALANCE AMOUNT REMAINING WITH CDC:
<input type="checkbox"/> I/WE WILL COLLECT THE BALANCE AMOUNT MYSELF/OURSELVES
<input type="checkbox"/> KINDLY SEND ME/US THE BALANCE AMOUNT THROUGH MAIL
SIGNATURE OF AUTHORIZED SIGNATORY(IES)

Note: For closing of account, kindly ensure that no security balance exists in your account.

FOR THE USE OF CDC PERSONNEL ONLY (IAS)

IT IS VERIFIED THAT		
NO REMAINING BALANCE OF SECURITIES IN THE APPLICANT'S ACCOUNT	<input type="checkbox"/>	
NO PENDING CORPORATE ACTION AWAITING CREDIT IN THE APPLICANT'S ACCOUNT	<input type="checkbox"/>	
NAME	SIGNATURE	STAMP

FOR THE USE OF CDC PERSONNEL ONLY (IAS-FINANCE)

AMOUNT RECEIVED BY CDC	Rs.	
AMOUNT TO BE REFUNDED BY CDC	Rs.	
VERIFIED BY	SIGNATURE	STAMP
APPROVAL STATUS OF REQUEST	<input type="checkbox"/> APPROVED	<input type="checkbox"/> REJECTED
APPROVED BY		
POSTED BY	SIGNATURE	

MP 10-10





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INVESTOR ACCOUNT CLOSING REQUEST FORM

FINANCE COPY

DATE	Day			Month			Year			FORM NO.

Kindly close my/our account

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VERIFIED BY SIGNATURE STAMP
APPROVAL STATUS OF REQUEST <input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED
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INVESTOR ACCOUNT CLOSING REQUEST FORM

CLIENT COPY

DATE	Day			Month			Year			FORM NO.

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