

Client Account Closure Request form

Date:

For Client's Use

Customer Name:

Customer Number:

Account & Portfolio Number(s):
(to be closed or mention "All" if all to be closed)

Reason for Closure:

Transfer of outstanding balance, if any:

Remarks:

Authorized Signatories

Name	Signature

For SICO's Use Only

Cash Account Number(s) to be closed:

Linked Portfolio(s) to be closed:

Reason for Closure:

Market Closure: ☒ Yes ☐ No

SICOLIVE Trading Disabled: ☒ Yes ☐ No

Department Approval

Name	Signature
Brokerage – Global Markets – Asset Management	
Client Relations	
SFS	

Operations Department

Approved By	Action taken on

Initial: