

Account Closure Form

Date: _____

The Manager Operations,
Habib Metropolitan Financial Services Limited
1st Floor, GPC – 2, Block – 5, Khekashan – Clifton
Karachi.

Account No: _____ CDC Sub Account No: _____

Account Title: _____

Dear Sir,

I/We want to close my/our above mentioned account being maintained with your Brokerage House.

Furthermore, I request you to please refund my existing balance (If any) after deduction of all charges and solicit your kind cooperation to go through the process.

Please intimate upon successful completion of the aforesaid request.

Signature of Account Holder

For Office use only

Received by: _____ Processed By: _____

Approved By: _____