



## Account Closure Form

Application No.: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Closure Initiated By : ☐ BO ☐ DP ☐ CDSLClosure for : ☐ Trading ☐ Demat ☐ Both

To,

**Gurustox Limited**

H No 1073, Sector 40, Gurgaon 122001

CDSL DP:

Dear Sir / Madam,

I / We the Sole Holder /Guardian (in case of Minor) / Clearing Member 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**

DP ID										CLIENT ID								
TRADING (NSE & BSE)																		
Name of the Sole Holder																		
Address for Correspondence																		
City						State						PIN						

**Details of remaining security balances in the account (if any) : (Please attach the annexure )**

Reasons for Closing the Account																		
Balance remaining in the account (if any) to be:																		
<input type="checkbox"/> Partly rematerialised and partly transferred. <input type="checkbox"/> Rematerialised																		
<input type="checkbox"/> Transferred to another account (Number given below) <input type="checkbox"/> Not applicable																		
DP ID										Client ID								
Balance present in a/c for (To be filled by DP, if applicable)		<input type="checkbox"/> Ear - marked <input type="checkbox"/> Pledged <input type="checkbox"/> Pending for Dematerialisation <input type="checkbox"/> Frozen <input type="checkbox"/> Pending for Rematerialisation <input type="checkbox"/> Lock-in																

**DECLARATION: In case of Account Closure due to SHIFTING OF ACCOUNT:**

I/We declare and confirm that all the transactions in my / our demat account are true / authentic.

	<b>First / Sole Holder</b>
Name	
Signature	

\*If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.

(Please Tear Here)

**Acknowledgement Receipt**

Application No.: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

DP ID										CLIENT ID								
Name of the First / Sole Holder																		
Name of the Second Holder																		
Name of the Third Holder																		
Reason for Closure																		

**Instructions to Account Holder(s)**

- Submit a duly- filled up RRF if the balances are to be rematerialized.
- Submit a duly filled up transfer form (off market instruction slip) if the balances are to be transferred to another A/c.