

Pledge Revocation Request Form FOR NERL CLIENTS (Please fill in Block Letters Only)

(To be	tilled	in c	lup	Icate	;)
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Application No: (To be filled by RP)												
Date:												
Revocation by RP		Revoca	tion by	Pledgee								
Repository Participant (RP)/Pledgee Name												
I/We request you to revo	ke the fo	ollowing	Commo	dity EW	R/eNWR	quanti	ty pled	ged in	my/ o	ur Repo	sitory a	account
Account Holder's/Pledgo	r Details:	•										
RPID					Client	ID						

Na	ame	of	Clier	nt															

Pledgee's Details:

Pledgee Organization Name											
Pledgee Organization ID											
Branch											
IFSC Code											

eNWR Details:

Sr.	Commodity Name	WH Code				e	NW	'R N	lo.				Qty & UOM	Units	Transaction No. (To be filled by RP)
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															



The revocation request is being set up for the reasons mentioned hereunder: -

I / we declare that the particulars given by me/ us above are true to the best of my/ our knowledge.

	F	irst	/Se	ole A	Auth	oriz	ed s	Sign	ato	ry	Sec	ond	l Au	tho	rize	d Si	gna	tory	,	Thi	r d A	uth	oriz	zed	Sig	nat	ory	
Pledgor Name																												
Pledgor Signature																												

		 					OFFICE USE ONLY)
Applicatio	n No:						
Client ID:]
Transactio	on No:						

Employee Name	
Employee Code	
Designation	
Signature	

Date				

Repository Participants Seal



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Applicati	on No:																																
We herel	by ackn	owle	edge	e th	e r	ec	eip	t y	our	· Pl	edg	ge	Re	qu	est	t fo	orm	۱.															
Name of	the Clie	ent:		_																													
Client ID																									 		 	 					
Employe	e Name																								 	 	 	 					
Employe	e Code																																
Designat	tion																																
Signatur	e																																
						1					F	Par	tici	par	nt S	Sta	mp	wi	th [Dat	e 8	& Ti	ime	9					I	Rep	pos	sitory	