



Withdrawal Initiation Request Form
FOR NERL CLIENTS (Please fill in Block Letters Only)
(To be filled in duplicate)

Application No: [grid]

Date: [grid]

I/We request you to initiate withdrawal of the quantity mentioned hereunder-registered in my/our name.

Table with 2 rows and 20 columns for Repository Participant Name and M O D I T I E S P R I V A T E L I M I T E D

Account Holder's Details:

R P I D [grid] Client ID [grid]

Name of Client [grid]

EWR/eNWR Details:

Main table with columns: Sr., Commodity Name, WH Code, EWR/eNWR No., Qty & UOM, No Of Bags, Units, Transaction No. (To be filled by RP)

| Name | First Authorized Signatory | | | | | | | | | | Second Authorized Signatory | | | | | | | | | | Third Authorized Signatory | | | | | | | | | |
|-----------------------------|----------------------------|--|--|--|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|--|--|--|--|----------------------------|--|--|--|--|--|--|--|--|--|
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature as per RP Records | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

 IN PERSON VERIFICATION (FOR OFFICE USE ONLY)

Application No:
Client ID
Transaction No:

| | |
|---------------|--|
| Employee Name | |
| Employee Code | |
| Designation | |
| Signature | |

Date
Repository Participants Seal

-----Please tear here-----

Acknowledgement Receipt

Application No:

We hereby acknowledge the receipt your withdrawal initiation request form.

Name of the Client:

Client ID

| | |
|---------------|--|
| Employee Name | |
| Employee Code | |
| Designation | |
| Signature | |

Repository Participant Stamp with Date & Time