



# TM ACCOUNT MASTER CREATION FORM

**SHREE BALAJI MULTICOMMODITIES PVT. LTD.  
33 G BLOCK, SRI GANGANAGAR (RAJ.)  
ID - 12089200**

Request No. *		Request Date*	D	D	M	M	Y	Y	Y	Y
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(Please fill all the details in **Block Letters** in **English**)

RP ID*	12089200	Depositor/Client ID*	
Depositor/Client Name			
CE CC ID *			
CE ID *		CE Name	
CC ID *		CC Name	
TM ID *		TM Name	
CM ID *		CM Name	

### Authorised Signatory

	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Signature*			

(Signature should be preferably in blue ink).

(In case of more authorised signatories, please add annexure)

===== (Please Tear Here) =====

### Acknowledgement Receipt

Received TM - CM Linking request as per details given below:

Request No.		Date	D	D	M	M	Y	Y	Y	Y
RP ID	12089200	Depositor/Client ID								
Depositor/Client Name										
TM Name										

**Repository Participant Seal and Signature**