

Error Reporting For E-stamping System

Certificate Number : IN - _____
(if any)

Unique Doc Reference : SUBIN- _____
(if any)

Supervisor Name : _____
(complete)

Supervisor ID : _____

ACC Name : _____

Branch Name : _____

City : _____ **State** : _____

Nature of error :
 Connectivity failure Power failure Certificate on multiple pages
 Paper Jam in printer Certificate torn Others (please specify

below)

Remarks : _____
 (Complete description)

First Party Name : _____

Second Party Name : _____

Amount of Stamp Duty : _____

Certificate Generation Date : _____ **Time**: _____

Signature of Supervisor : _____

_____ For Confirmation by ACC Branch Head / Authorized Signatory

Request Approved By : _____ **Signature** _____ *Affix Seal/Stamp*

Designation : _____ **Location** : _____

_____ For Confirmation by SHCIL Authorized Officer

Request Approved By : _____ **Signature** _____ *Affix Seal/Stamp_*

Designation : _____ **Location** : _____

For CRA Use Only

Action : _____ **Date** : _____ **Time** : _____

User Name : _____ **User Id** : _____

Remarks : _____