



Stock Holding Corporation of India Limited

Registered office : 301, Center Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai – 400012

Visit us at : www.shcilestamp.com

VER 3.0 140510

Date

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User ID De-Activation form

(To be filled in BLOCK LETTERS Only)

Name of ACC	ACC Id
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De-Register as (✓ Tick any one) **User** **Supervisor**

User / Supervisor Details

Name	First Name	Middle Name	Last Name
User / Supervisor ID	Please mention the correct ID as it is case sensitive		
Correspondence Address			
	Pin Code		
Telephone Number	(With STD Code)		
Mobile Number			
Fax Number	(With STD Code)		
Reason for De-Registration			

Note: Please do not leave any field blank. Fields not applicable to you should be mentioned as N.A.

I hereby declare that the above filled details are true to my knowledge and belief and request SHCIL to kindly De-Activate the above mentioned Id.

Name :
Place :
Date :

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Signature with Seal
Authorised by (Branch Head / Competent Authority)

FOR USE BY CRA - ADMIN ONLY

Account Name:	Account ID:
User / Supervisor Name:	User / Supervisor ID:

ID DE-ACTIVATED BY :
EMPLOYEE CODE :
ID DE-ACTIVATION DATE :
SIGNATURE :