



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 2. 270520

Additional User Id Creation Form for ACC

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

(To be filled in BLOCK LETTERS Only)

Official Address

| | | | | | | | |
|-------------|--|----------|--|-------|--|-----|--|
| Name of ACC | | | | | | | |
| Address | | | | | | | |
| | | | | | | | |
| City | | District | | State | | Pin | |

ID to be created for : (Please ✓ Tick whichever applicable)

| | |
|---|---|
| <input checked="" type="checkbox"/> e-Stamping system | <input type="checkbox"/> e-Registration system |
| <input type="checkbox"/> User <input type="checkbox"/> Supervisor | <input type="checkbox"/> User <input type="checkbox"/> Supervisor |

User / Supervisor Details

| | | | | | | | | | | |
|---------------|--------------------|-------------|---|--|---|---|---|---|-----------------|---|
| Name | First Name | Middle Name | Last Name | Paste your recent passport size colour Photograph and sign across it | | | | | | |
| PAN Number | Gender (✓ Tick) | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | | | | |
| Date of Birth | D | D | M | | M | Y | Y | Y | Y | |
| Designation | Department | | | | | | | | | |
| Direct Number | | | | | | | | | (With STD Code) | |
| Mobile Number | 9 | 5 | 1 | 3 | 5 | 6 | 6 | 6 | 5 | 1 |
| E-mail | kssfclho@gmail.com | | | Signature | | | | | | |

Note :

- Please do not leave any field blank. Please write NA in the fields which are not applicable to you
- For Identity proof, copy of Employee ID card or PAN Card is compulsory as per KYC guidelines
- Forms without photographs will not be accepted
- Please mention e-mail address (required for sending passwords). If e-mail is not available then enter the branch head/manager's e-mail
- Please mention contact number (mobile number is mandatory)
- Sign and stamp/seal is mandatory wherever mentioned.

I hereby declare that the above filled details are true to my knowledge and belief. In the event, any of the details of these users are found to be incorrect, SHCIL shall have the right to prevent access to the e-Stamping / e-Registration system, to such users.

Name : RAJENDRA RAO SINDE / SINDU C.T

Place : BENGALURU

Date :

| |
|--|
| |
|--|

Signature of Controlling Branch Head with Seal

FOR USE BY CRA - ADMIN ONLY

IDS CREATED:

| | | | |
|---------------|-------------|-------------------|-----------------------|
| | | e-Stamping system | e-Registration system |
| Account Name: | Account ID: | | |
| User Name: | User ID: | | |

ID CREATED BY :

EMPLOYEE CODE :

ID CREATION DATE :

SIGNATURE :