

Stock Holding Corporation of India Limited Registered office: 301, Center Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai – 400012

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User ID De-Activation form (To be filled in BLOCK LETTERS Only)

Name of ACC				A	CC Id						
De-Register as (✓ Tick	any one)		User		Supervi	sor					
User / Supervisor Deta	ails										
Name	First Name		Mic	ddle 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											
Name : RAJENDRA RAO SINDE / SINDU C.T Place : BENGALURU Date :				KSSFCL Nodal Officer Sign & Seal Signature with Seal Authorised by (Branch Head / Competent Authority)							
	FOR	USE B	Y CRA -	ADMIN O	NLY						
Account Name:				Account	ID:						
User / Supervisor Name:				_	upervisor ID:						
ID DE-ACTIVATED BY	Ē.										
EMPLOYEE CODE	Ĭ										
ID DE-ACTIVATION DATE	i .										
SIGNATURE	8										