



# Stock Holding Corporation of India Limited

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

Visit us at : [www.shcilestamp.com](http://www.shcilestamp.com)

VER 3. 270520

## Application Form for ID Creation for ACC Branch

Date 

D	D	M	M	Y	Y	Y	Y
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(To be filled in **BLOCK LETTERS** Only)

Name of ACC	Souharda Full Name	Branch	
District	Mandatory	City	Mandatory

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

<input checked="" type="checkbox"/> e-Stamping system	<input type="checkbox"/> e-Registration system
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### Branch Details

Name of the Branch Head	First Name	Middle Name	Last Name
Employee Code	E-mail	Mandatory	
Branch Address			
	Pin Code		
Direct Number	(With STD Code)		
Mobile Number	Mandatory		
Fax Number	(With STD Code)		

### Supervisor Details

#### Supervisor 1

Name of the Supervisor	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
E-mail	kssfclho@gmail.com			Signature						

### Supervisor Details

#### Supervisor 2

Name of the Supervisor	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
E-mail	kssfclho@gmail.com			Signature						

User Details		User 1		
Name of the User	First Name	Middle Name	Last Name	
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

User Details		User 2		
Name of the User	First Name	Middle Name	Last Name	
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 numbers (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 :

KSSFCL Nodal Officer Sign & Seal

Signature of Controlling Branch Head with Seal

**FOR USE BY CRA - ADMIN ONLY**

		e-Stamping	e-Registration
Location	Branch Code :		
Account Name:	Account ID:		
Supervisor 1 Name:	Supervisor 1 ID:		
Supervisor 2 Name:	Supervisor 2 ID:		
User 1 Name:	User 1 ID:		
User 2 Name:	User 2 ID:		

ID CREATED BY :

EMPLOYEE CODE :

ID CREATION DATE :

SIGNATURE :