



## 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																			
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 :