



User Details		User 1		
Name of the Supervisor	First Name	Middle Name	Last Name	
Employee 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				
E-mail				Signature

User Details		User 2		
Name of the Supervisor	First Name	Middle Name	Last Name	
Employee 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				
E-mail				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 at least one contact number (landline or mobile)
- 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, the CRA shall have the right to prevent access to the e-Stamping system, to such users.

Name :

Place :

Date :

Signature of Controlling Branch Head with Seal

**FOR USE BY CRA - ADMIN ONLY**

Account Name:		Branch Code :	
Supervisor 1 Name:		Account ID:	
Supervisor 2 Name:		Supervisor 1 ID:	
User 1 Name:		Supervisor 2 ID:	
User 2 Name:		User 1 ID:	
		User 2 ID:	

ID CREATED BY :

EMPLOYEE CODE :

ID CREATION DATE :

SIGNATURE :