



Password Reset Form

ACC Name _____	
User ID _____	Branch _____
Reason for Password Reset (Select)	
<input type="checkbox"/> User ID Frozen	<input type="checkbox"/> User De-Registered/ Transferred
<input type="checkbox"/> Forgot Password	
Name of the User _____	
Employee Code _____	Designation _____
Address/ Location _____ _____	
State _____	Pin Code _____
Contact No. _____	Mobile _____
E-mail Id _____ (as registered with the e-Stamping system)	

The Information given by me in this form is true to the best of my knowledge and belief.

User Signature: _____ Date: _____ Place: _____

For Branch Head and above

Name: _____ Signature : _____

Date: _____ Place _____

Scan this completely filled form and mail to estamping@stockholding.com

Time for processing Request for Password Reset

Day	Timings
Monday to Friday	9.45 am to 5.00 pm *

* All requests received after 5.00 pm will be processed on next working day.

FOR OFFICE USE ONLY

Password Reset By		Emp. Code		Signature	
Authorised By		Emp. Code		Signature	
Date		Remarks			