**Transfer Request Form (TRF)**

(To be filled in duplicate by the Comtrack Client)

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| **Date:-** |  |  |  |  |  |  |  |  |

I/We request you to arrange to transfer the commodities mentioned hereunder registered in my/our name.

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| **Repository / Comtrack Participant Name** | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **CMSE ID** |  |  |  |  |  |  |  |  |  |  | **CMSP Client ID** |  |  |  |  |  |  |  |  |  |  |

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| **Account Holder’s Details :** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Name of the First / Sole Holder** | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Lot Details:**

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| **Sr.** | **Commodity code** | **WH Code** | **Lot No.** | | | | | | | | | | | | **Qty & UOM** | **Transaction No. (To be filled by RP / CP)** |
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| **14** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Document to be enclosed of the authorized person:**

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| **Name of the authorized person** | **Type of document** | **Unique number of the document** |
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| **Name** | **First Authorized Signatory** | | | | | | | | | | **Second Authorized Signatory** | | | | | | | | | | **Third Authorized Signatory** | | | | | | | | | |
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| **Specimen Signature as per CP Records** |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |

**(To be filled in by the Repository / Comtrack Participant)**

We hereby acknowledge the receipt of your instruction for Transfer Request transaction: -

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| **Transfer Request Form No.** |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **CMSE ID** |  |  |  |  |  |  |  |  |  |  | **CMSP Client ID** |  |  |  |  |  |  |  |  |  |  |

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| Employee Name |  |
| Employee Code |  |
| Designation |  |
| Signature |  |

Repository / Comtrack Participant Stamp with Date & Time