

To be filled in case of Exposure Pledge

Contract Code		Clearing Member (CM) ID	
---------------	--	-------------------------	--

Pledgor Name	First / Sole Authorized Signatory										Second Authorized Signatory										Third Authorized Signatory									
Pledgor Signature (As per RP records)																														

I/ we confirm that the quantity offered for pledge is unencumbered and is a free balance. I hereby understand that non fulfilment of the pledge obligation by the due date, EWR/eNWR quantity pledged will be confiscated by the pledgee.

FOR OFFICE USE ONLY

Application No:

Client ID:

Transaction No:

Employee Name	
Employee Code	
Designation	
Signature	

Date

Repository Participants Seal

-----Please tear here-----

Acknowledgement Receipt

Application No:

--	--	--	--	--	--	--	--	--	--	--

We hereby acknowledge the receipt your Pledge Request form.

Name of the Client:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Client ID

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employee Name	
Employee Code	
Designation	
Signature	

Repository Participant Stamp with Date & Time