
NATIONAL E-REPOSITORY LIMITED

Circular to all Participants of the Repository

Circular No : NERL/COMPLIANCE-001/2024/008

Date : April 16th, 2024

Subject : **Nomination mandatory for Account opening in NERL – Farmer & Individual**

All Repository Participants of National E-Repository Limited (NERL), are hereby informed that depositors/clients opening an account with the Repository shall mandatorily provide a Nomination in the account opening form with immediate effect. In this regard, Repository Participants (hereinafter, RPs), shall activate new accounts **only** upon receipt of Nomination. **(applicable only in case of farmer or individual)**

Furthermore, all existing account holders of NERL are required to provide nomination in the prescribed format by July 31st, 2024. (Annexed)

Repository participants are directed to:

- Take necessary steps to implement the provisions of this circular with immediate effect.
- Bring the provisions of this circular to the notice of their respective depositors/clients.
- Monitor the compliance of this circular.

Repository Participants are advised to take note of the above and ensure compliance with the same.

For and on behalf of
National E-Repository Limited

Shivani Singh Yadav
Compliance Officer

For further information / clarifications, please contact

1. Operational Support Services Group on toll Free Number: 1800 209 6007
 2. Operational Support Services Group by e-mail to : help@nerlindia.com
-

NOMINATION FORM / CANCELLATION OF NOMINATION
FOR NERL CLIENTS (Please fill in Block Letters Only)

Photograph

Please affix
Nominee recent
passport size
photograph and
sign across it

Date: _____

Repository Participant (RP) Name: _____

Dear Sir/ Madam,

I the sole holder hereby declare that [Strike out what is not applicable.]

I wish to cancel the nomination made by me earlier and consequently all rights and liabilities in respect of beneficiary ownership in the commodities held by me in the said account shall vest with me. [Strike off the nomination details below].

I nominate the following person, who is entitled to receive commodity balances lying in my account, in the event of the death of the Sole holder.

RP ID

 Client ID

Name of Sole Holder																												

Nominee details

Mr./Mrs./Ms. _____

First
Middle
Last

Permanent Address: _____

City: _____ State: _____

Pin code: _____ District: _____

Mobile No: _____ Email id: _____

Telephone No: _____ PAN No: _____

Relationship with BO (If any): _____ Date of Birth: _____

	PLACE:	
Signature of Nominee	DATE:	

Signature of Client (As per ID / Address proof)

Details of the Witness:

Name of the Witness	Address	Signature of witness

Note: Client hereby confirms to comply with the norms prescribed by Authority and / or NERL w.r.t. Nomination facility.

(To be filled by RP)

Nomination Form accepted by

EMPLOYEE NAME:	
EMPLOYEE CODE:	
DESIGNATION:	

Signature

DATE: _____

DD/MM/YYYY

PLEASE TEAR HERE

ACKNOWLEDGEMENT RECEIPT

APPLICATION NO.

We hereby acknowledge the receipt of Nomination form from:

CLIENT NAME: _____
FIRST MIDDLE LASTBENEFICIARY ID:

EMPLOYEE NAME:	Signature
EMPLOYEE CODE:	
DESIGNATION:	RP Stamp with Time
DATE:	