

IN PERSON VERIFICATION (FOR OFFICE USE ONLY)

Application No:

Client ID

Employee Name	
Employee Code	
Designation	
Signature	

Date

Repository Participants Seal

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

Acknowledgement Receipt

Application No:

We hereby acknowledge the receipt of your instruction for closing the following Account subject to verification:

Name of the Client:

Client ID

Employee Name	
Employee Code	
Designation	
Signature	

Repository Participant Stamp with Date & Time