NeRL
National e-Repository Limited

Instruction Slip for Client To Pool/Ownership Transfer
FOR NERL CLIENTS (Please fill in Block Letters Only)
(To be filled in duplicate)

NCDEX Group Company

Application No: _____ **Date:** _____
(To be filled by RP)

Repository Participant (RP) Name: _____

Client to Pool ☐ **Off market Transfer** ☐

R P I D | | | | | | | | **Client ID** | | | | | | | | | | | | | | |

Name of Client: _____
I/We request you to initiate transaction as mentioned hereunder-registered in my/our name.

eNWR Details: (In case of more than 5 eNWRs attach annexure with similar tabular details)

Warehouse Code									**Commodity name**	

SR No	**eWR / eNWR No**	**Qty & UOM**	**Unit**	**Txn. No (To be filled by RP)**
1				
2				
3				
4				
5				

Client to Pool Details:

Clearing Member ID | | | | | | | | | | | **Trading Member ID** | | | | | | | | | |
Contract Code | | | | | | | | | | | | | | | **Settlement No** | | | | | | | |
Client ID | | | | | | | | | | | | | | | | | | **Trading Client ID** | | | | | | | |

OFF MARKET TRANSFER DETAILS: - **Inter Repository: Yes** ☐ **No** ☐

Counter RP ID | | | | | | | | | **Counter Client ID** | | | | | | | | | | | | | | | |

Counter Client Name: _____

I/we hereby declare and undertake that I/we have appointed and authorized the Repository Participant (RP) to collect warehouse storage charges payable by me/us under an eNWR to the Warehouse Service Provider and forward the same to the warehouse Service Provider. I/We understand and agree that the said service of collection of warehouse rent provided by the RP is voluntary service and does not form the core service of the Repository and therefore for the purpose of this service the RP is not an agent of the Repository and the contents herein and transactions hereunder are between me/ourselves and the RP.

	First Authorized Signatory	**Second Authorized Signatory**	**Third Authorized Signatory**
Name			
Signature			

----------**Acknowledgement Receipt**----------

Instruction details		**RP details**	
Application No		**Employee Name & Code**	
Client Name		**Designation**	
Client ID		**Sign & Stamp**	
Date & Time			