

## Withdrawal Initiation Request Form FOR NERL CLIENTS (Please fill in Block Letters Only) (To be filled in duplicate)

NCDEX Group Company

Application No:(To be filled by RP)									Date:																
Reposit	ory F	Partic	ipant	(RP	) Na	me:																			
Account	t Hol	der's	Deta	ils:																					
RP ID								Clier	nt ID																
Name of	Clie	nt: _																							
	I/We request you to initiate withdrawal of the quantity mentioned hereunder-registered in my/our name.  EWR/eNWR Details: (In case of more than 5 eWRs / eNWRs attach annexure with similar tabular details)																								
Warehouse Code									Commodity name																
SR																Txn. No (To be									e
No			eWR / eNWR No										Qty & UOM			No of Bags			Ur	nit	t filled by RP)				
1			+																						
3																									
4																									
5																									
First Authorized Signatory								s	Second Authorized Signatory								Third Authorized Signatory								
Name																									
Signature																									
*On co	omple	tion	of wi	thdrav	wal	initiat	ion (	DOW)	*1/	we her	ebv de	clare a	and unde	rtake t	hat I/\	we hav	e appo	ointed a	ind au	uthoriz	ed the	Repo	sitory	Parti	cipant
transact registere	ion, A ed mo	uthori: bile nu	zation umber.	code v Autho	will b orizat	e sent	via S de ne	MS on eds to	(RI	P) to co ovider	ollect w	arehoi rward	use stora the sar	ge cha ne to	rges the	payabl wareho	e by m ouse S	ne/us ur Service	nder a Prov	an eNV rider.	VR to I/We	the Wa	arehou tand	ise S and	ervice agree
be updated before withdrawal confirmation ( transaction, code can be update by beneficiary the lits login or by the respective warehouseman.						WOW) that the said service of collection of warehouse rent provided by the RP is voluntary service and does n															agent				
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										.1 - •			<b>.</b> •												
								AC	knov	vied	geme	ent F	Receip	t											
Instruction details											RP det							ails							
Application No		1											Employee Name & Code												
Client Name		e										Des	ignati	on											
Client ID																									
Date & Time		e										Sig	n & Stamp												