Stock Holding Corporation of India Limited

Registered office : 301, Center Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai – 400012

Visit us at : www.shcilestamp.com

VER 1.0 24112015

User Id Shifting Form

Date | D | D | M | M | Y | Y | Y | Y |

(To be filled in B L O C K L E T T E R S Only)

ID to be shifted for : (Please ✓ Tick whichever applicable)

❑ e-Stamping system		❑ e-Registration system	
User id :		User id :	
Name of User :			

Signature of User

Official Address

Name of ACC													
Current location (Address in full)													
	City		District		State		Pin						
New location (Address in full)													
	City		District		State		Pin						

Note :

- Please do not leave any field blank.
- Please ensure there are no pending submissions in the user id
- Please do not use this form for change in role of any user
- Sign and stamp/seal of ACC is mandatory.

I hereby declare that the above filled details are true to my knowledge and belief. In the event, any of the details of these users are found to be incorrect, SHCIL shall have the right to prevent access to the e-Stamping / e-Registration system, to such users.

Name :

Place :

Date :

Signature of Controlling Branch Head with Seal

FOR USE BY CRA - ADMIN ONLY

IDS CREATED:

			e-Stamping system	e-Registration system
Account Name:		Account ID:		
User Name:		User ID:		
New Branch Name :		New Branch Code :		

ID SHIFTED BY :

EMPLOYEE CODE :

ID SHIFTED DATE :

SIGNATURE :