Pledge Revocation Request Form
FOR NERL CLIENTS (Please fill in Block Letters Only)
(To be filled in duplicate)

Application No: ☐☐☐☐☐☐☐☐☐☐☐
(To be filled by RP)

Date: ☐☐☐☐☐☐☐☐

Revocation by RP ☐   **Revocation by Pledgee** ☐

Repository Participant (RP)/Pledgee Name																			

I/We request you to revoke the following Commodity EWR/eNWR quantity pledged in my/ our Repository account

Account Holder's/Pledgor Details:

R P I D ☐☐☐☐☐☐☐☐   **Client ID** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Name of Client																			

Pledgee's Details:

Pledgee Organization Name																
Pledgee Organization ID																
Branch																
IFSC Code																

EWR/eNWR Details:

Sr.	Commodity Name	WH Code	EWR/eNWR No.	Qty & UOM	Units	Transaction No. (To be filled by RP)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

The revocation request is being set up for the reasons mentioned hereunder: -

I / we declare that the particulars given by me/ us above are true to the best of my/ our knowledge.

Pledgor Name	First /Sole Authorized Signatory	Second Authorized Signatory	Third Authorized Signatory
Pledgor Signature			

IN PERSON VERIFICATION (FOR OFFICE USE ONLY)

Application No: ☐☐☐☐☐☐☐☐☐☐☐

Client ID: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Transaction No: ☐☐☐☐☐☐☐☐☐☐☐

Employee Name	
Employee Code	
Designation	
Signature	

Date ☐☐☐☐☐☐☐☐

Repository Participants Seal

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

Acknowledgement Receipt

Application No: □□□□□□□□□□□

We hereby acknowledge the receipt your Pledge Request form.

Name of the Client: □□□□□□□□□□□□□□□□□□□□□□□□□□□

Client ID □□□□□□□□□□□□□□□

Employee Name	
Employee Code	
Designation	
Signature	

Repository

Participant Stamp with Date & Time