

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

	Application No : (To be filled by RP)							
	Date:							
	Dutc.							
	I/We request you t	to initiate withdra	wal of the qua	ntity menti	oned hereunder-	registered in my/o	ır name.	
	Repository Particip	ant Name						
_	Account Holder's	Details:			Client ID			
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Γ	Name of Client							
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	EWR/eNWR Deta	nils:	T					
Sr.	Commodity Name	WH Code		EWR/el	NWR No.	Qty & UOM	Units	Transaction No. (To be filled by RP)
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		First /	Authorized Sign	atory	Second Author	rized Signatory	Third Author	ized Signatory
	Name							
	Nume							
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	Signature as per Records	RP						



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