



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 3. 270520

Application Form for ID Creation for ACC Branch

Date

D	D	M	M	Y	Y	Y	Y
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(To be filled in BLOCK LETTERS Only)

Name of ACC		Branch	
District	Mandatory	City	Mandatory

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

<input type="checkbox"/> e-Stamping system	<input type="checkbox"/> e-Registration system
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Branch Details

Name of the Branch Head	First Name	Middle Name	Last Name
Employee Code	E-mail	Mandatory	
Branch Address			
	Pin Code		
Direct Number			(With STD Code)
Mobile Number			Mandatory
Fax Number			(With STD Code)

Supervisor Details Supervisor 1

Name of the Supervisor	First Name	Middle Name	Last Name	Paste your recent passport size colour Photograph and sign across it Signature					
PAN Number	Gender (✓ Tick)		<input type="checkbox"/> Male <input type="checkbox"/> Female						
Date of Birth	D	D	M		M	Y	Y	Y	Y
Designation	Department								
Direct Number			(With STD Code)						
Mobile Number			Mandatory						
E-mail	Mandatory								

Supervisor Details Supervisor 2

Name of the Supervisor	First Name	Middle Name	Last Name	Paste your recent passport size colour Photograph and sign across it Signature					
PAN Number	Gender (✓ Tick)		<input type="checkbox"/> Male <input type="checkbox"/> Female						
Date of Birth	D	D	M		M	Y	Y	Y	Y
Designation	Department								
Direct Number			(With STD Code)						
Mobile Number			Mandatory						
E-mail	Mandatory								

User Details		User 1		
Name of the User	First Name	Middle Name	Last Name	
PAN Number			Gender (✓ Tick) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth	D	D	M	M
	Y	Y	Y	Y
Designation			Department	
Direct Number				(With STD Code)
Mobile Number				Mandatory
E-mail	Mandatory			Signature

User Details		User 2		
Name of the User	First Name	Middle Name	Last Name	
PAN Number			Gender (✓ Tick) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth	D	D	M	M
	Y	Y	Y	Y
Designation			Department	
Direct Number				(With STD Code)
Mobile Number				Mandatory
E-mail	Mandatory			Signature

Note :

- Please do not leave any field blank. Please write NA in the fields which are not applicable to you
- For Identity proof, copy of Employee ID card or PAN Card is compulsory as per KYC guidelines
- Forms without photographs will not be accepted
- Please mention e-mail address (required for sending passwords). If e-mail is not available then enter the branch head/manager's e-mail
- Please mention contact numbers (mobile number is mandatory)
- Sign and stamp/seal is mandatory wherever mentioned.

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

		e-Stamping	e-Registration
Location	Branch Code :		
Account Name:	Account ID:		
Supervisor 1 Name:	Supervisor 1 ID:		
Supervisor 2 Name:	Supervisor 2 ID:		
User 1 Name:	User 1 ID:		
User 2 Name:	User 2 ID:		

ID CREATED BY :
ID CREATION DATE :

EMPLOYEE CODE :
SIGNATURE :