



Re-Assaying Request Form

(To be filled up by the Depositor / Client)

Date	D	D	M	M	Y	Y	Y	Y
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(To be filled by the Depositor / Client. Please fill all the details in **BLOCK LETTERS** in English.)

I / We request you for re-assaying the enclosed commodity in my / our name into my / our commodity account.

RP ID		Client ID	
Client Name			

WSP ID *		WSP Name	
WH ID.*		WH Location *	
Commodity Code *		Commodity Name *	
Quantity *		UOM *	
Quantity in figures *			

Sr. No.	WR Type eWR / eNWR	WR Number	Quantity	Shelf life Date	Sample Number
1					
2					
3					
4					
5					

Attach an annexure (duly signed by client/s) in the above format if the space is not sufficient.

Signature of Clients (s) *

	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Signature as per Records			

Depositor / Client Signature

===== (Please tear here) =====

Acknowledgement Receipt

Date	D	D	M	M	Y	Y	Y	Y
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RP ID		Client ID	
Client Name			
Commodity Name			
Quantity			
UOM			
WSP Name			
WH ID			
WH Location			

We hereby acknowledge the receipt of re-assaying request, in respect of the above commodity subject to verification.

WSP / WH Seal and Signature