

## Deposit Request Form

**Repository Participant Name / Address / RP ID**

(To be filled up by the Repository Participant)

DR No.		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 to deposit 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 *			
Negotiable Receipt * <input type="checkbox"/>		Assaying Required * Yes <input type="checkbox"/> No <input type="checkbox"/>	
(If not marked, the default option would be 'No')		(If not marked, the default option would be 'No')	

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 RP Records			

**Repository Participant Seal and Signature**

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

**Acknowledgement Receipt**

DRF No.		Date	D	D	M	M	Y	Y	Y	Y
RP ID		Client ID								
Client Name										
Commodity Name										
Quantity										
UOM										
WSP Name										
WH ID										
WH Location										

We hereby acknowledge the receipt of commodity / documents, in respect of the above commodity for deposit subject to verification.

**Repository Participant Seal and Signature**