

Extension of validity 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 to extend the validity of 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 validity extension request, in respect of the above commodity subject to verification.

WSP / WH Seal and Signature