

Error Reporting For E-stamping System

Certificate Number : IN - _____
(if any)

Unique Doc Reference : SUBIN- _____
(if any)

Supervisor Name : _____
(complete)

Supervisor ID : _____

ACC Name : _____

Branch Name : _____

City : _____ **State** : _____

Nature of error :
☐ Connectivity failure ☐ Power failure ☐ Certificate on multiple pages
☐ Paper Jam in printer ☐ Certificate torn ☐ Others ☐ (please specify

below)

Remarks : _____
(Complete description)

First Party Name : _____

Second Party Name : _____

Amount of Stamp Duty : _____

Certificate Generation Date : _____ **Time**: _____

Signature of Supervisor : _____

_____ *For Confirmation by ACC Branch Head / Authorized Signatory*

Request Approved By : _____ **Signature** _____ *Affix Seal/Stamp*

Designation : _____ **Location** : _____

_____ *For Confirmation by SHCIL Authorized Officer*

Request Approved By : _____ **Signature** _____ *Affix Seal/Stamp*

Designation : _____ **Location** : _____

_____ *For CRA Use Only*

Action : _____ **Date** : _____ **Time** : _____

User Name : _____ **User Id** : _____

Remarks : _____

Please attach PDF report from system if available
 Fax : 022 22829045 Scan and mail : estamping@stockholding.com

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