



National Bulk Handling Corporation Ltd.

Adding Value to Commodities



SERVICE REQUEST FORM

Kindly furnish the following details along with the services desired from NBHC. We shall contact you in due course.

Category of Depositor (Select Applicable Options):

- | | |
|---|--|
| <input type="checkbox"/> MCX Member | <input type="checkbox"/> Traders |
| <input type="checkbox"/> Farmers | <input type="checkbox"/> Hazardous Chemicals |
| <input type="checkbox"/> Exporters | <input type="checkbox"/> Importers |
| <input type="checkbox"/> Overseas Buyers | <input type="checkbox"/> Overseas Sellers |
| <input type="checkbox"/> Government Agencies & Others | |

Commodity Details:

** Name of Commodity for storage :

** Location for storage :

** Quantity in MT (Approximate) :

No. of Bags :

** Likely Date of Deposit (dd/mm/yyyy) :

Storage Period :

(Please specify minimum period for storage in Days/Months)

[** fields are mandatory.]

Please mention if any Special Services are required?

- | | |
|--|---|
| <input type="checkbox"/> Quality Certification Services | <input type="checkbox"/> Fumigation Services |
| <input type="checkbox"/> Demat Services | <input type="checkbox"/> Commodity Finance Services |
| <input type="checkbox"/> Any Other Services [Please mention in detail] | |

Contact details :	
Name of Company / Person :	
Address 1:	
Address 2 :	
Town / City:	
State:	
Postal Code :	
Tel. No. [with STD Code] :	
Mobile No. :	
Fax No. :	
E-mail :	
Name of company representative nominated for the purpose of communication :	
Tel. No. [with STD Code] :	
<p>By submitting this form, we hereby apply for the warehousing and / or other special services of National Bulk Handling Corporation Ltd., and agree to abide by Rules, Regulations and Byelaws of the Company subject to such terms and conditions as the Management may prescribe from time to time.</p> <p>We hereby declare that information given in this form are true to the best of our knowledge and our application for the above services shall stand cancelled in case of misrepresentation or otherwise proved to be false.</p>	
Name & Designation of Applicant	
Contact No. (with STD Code)	
Date (dd/mm/yyyy)	
Place	
<p>Disclaimer</p> <p>Kindly note that submission of this Deposit Application Form does not indicate acceptance of application by NBHC. This will be subject to further processing & due diligence of clients' documents by NBHC and the NBHC reserves the right of acceptance or rejection of the Deposit Application without assigning any reason for the same.</p>	

Corporate Office:

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