



REVALIDATION OF COMMODITY FORM

DATE : _____

We hereby request you to arrange for the re-validation of the commodity deposit held by us under following details:

Warehouse Name	
DP ID	
Client ID	
Client Name and address	
Contact Telephone Number	
ICIN	
Commodity Name	
Grade	
Qty in units (MT)	
QCA Ref. No. and remarks (To be filled in by warehouse after re-testing)	

Signature of Beneficiary/ies :
 1. _____
 2. _____
 3. _____

Date : _____

(The beneficiary who wants to re-validate the commodity shall contact the assayer for testing the commodity in consultation with the warehouse. All costs/charges/expenses etc. in this connection shall be borne by the beneficiary/ies themselves. Please note that the credit will be given to the same Client ID / DP Id combination for which re-validation request is received.)

Warehouse/Vault Acknowledgement

Received request for re-validation of the commodity _____ for _____ MT held under ICIN code _____ credited in client ID with DP ID _____

Authorized signatory : _____

Warehouse Name : _____

Date : _____