



Nomination mandatory for Individual and Farmer category client account opening at CCRL

All Repository Participants of Countrywide Commodity Repository Limited (CCRL) are hereby informed that individual and farmer category depositors / clients must provide a nomination when opening accounts, effective immediately.

In this regard, Repository Participants (RPs) will activate new accounts only after receiving the necessary nomination.

Additionally, Repository Participants are required to obtain nominations in the prescribed format (attached as an annex) from all existing Individual and Farmer category account holders by March 31, 2026.

Repository participants are directed to:

- Please take the necessary measures to execute the requirements of this circular immediately.
- Ensure that the requirements of this circular are communicated to your respective depositors/clients.
- Regularly monitor compliance with the directives outlined in this circular.

Repository Participants are advised to take note of the above directives and ensure compliance with the same and be informed accordingly.

Sd/-

Amol Pandav
Head Of Operations

For further clarification / queries regarding this circular please contact:

- CCRL helpdesk on toll free number: 080-69144999
- CCRL helpdesk by email to ccrlhelpdesk@ccrl.co.in



NOMINATION UPDATION FORM (For Existing Client)

Repository Participant Name / Address / RP ID

Please fill all the details in **Block Letters** in English

Request Date*	D	D	M	M	Y	Y	Y	Y
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Request Number*	
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I wish to cancel the nomination made by me earlier and accordingly all rights and liabilities in respect of beneficiary ownership in the commodities held by me in the said account shall vest with me. [Strike off the nomination details below].

I nominate the following person, who is entitled to receive commodity balances lying in my account, in the event of the death.

CLIENT DETAILS*	
RP ID*	Client/depositor ID*
Client Name*	

NOMINEE DETAILS*	
NOMINEE NAME	
NOMINEE ADDRESS	
NOMINEE PAN NO. or AADHAR NO.	
NOMINEE DATE OF BIRTH:	
NOMINEE RELATIONSHIP WITH CLIENT:	

I declare that the above particulars given by me above are true to the best of my knowledge and I hereby confirms to comply with the norms prescribed by Authority and / or CCRL w.r.t. Nomination facility.

SIGNATURE OF THE CLIENT*

Signature	Place	Date

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

Acknowledgement Receipt

Received Nomination updation request form:

Request No.		Request Date	D	D	M	M	Y	Y	Y	Y
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Repository Participant seal and signature