ELECTRONIC CLEARING SERVICE(CREDIT CLEARING)/REAL TIME GROSS SETTELMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS

A	A. DETAIL OF ACCOUNT HOLDER :-
1	NAME OF ACCOUNT HOLDER OF FIRM
2	COMPLETE CONTACT ADDRESS
3	TELEPHONE NUMBER / FAX / EMAIL
4	NAME & ADDRESS OF FIRM
E	BANK ACCOUNT DETAIL :-
1	BANK NAME
2	BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE
	NUMBER AND EMAIL
3	WHETHER THE BRANCH IS COMPUTERISED ?
4	WHETHER THE BRANCH IS RTGS ENABLED ? IF YES, THEN
	WHAT IS THE BRANCH'S IFSC CODE
1	IS THE BRANCH ALSO NEFT ENABLED ?
2	TYPE OF BANK ACCOUNT (SB/CURRENT)
3	COMPLETE BANK ACCOUNT NUMBER (LATEST)
4	MICR CODE OF BANK
	reby declare that the particulars given above are correct and complete. If the transaction is yed or not effected at all for reasons of incomplete or incorrect information I would not hold the
dela	yed or not effected at all for reasons of incomplete or incorrect information I would not hold the
dela	
dela	yed or not effected at all for reasons of incomplete or incorrect information I would not hold the
dela user	yed or not effected at all for reasons of incomplete or incorrect information I would not hold the Institution responsible.
dela	yed or not effected at all for reasons of incomplete or incorrect information I would not hold the Institution responsible. (Signature & Seal of Firm) (Signature of Accounts
dela user	yed or not effected at all for reasons of incomplete or incorrect information I would not hold the Institution responsible.
dela user Date	yed or not effected at all for reasons of incomplete or incorrect information I would not hold the Institution responsible. (Signature & Seal of Firm) Phone No. (Signature of Accounts Holder of the firm)
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Please attach a photocopy of cancelled cheque for purpose of verification of the concerned bank account where money is to be remitted.