

## Surat National Co-op. Bank Ltd. સુરત નેશનલ કો-ઓ બેન્ક લિ.



BRANCH	; <del>-</del>	DATE:

## RTGS/NEFT APPLICATION FORM

(To be filled in by Applicant in Block Letters)

<b>Details of Applicant (Remitter)</b>		
(1) Account Name	·	*
(2) Account No.	: SB / CA / OD	- 8 1
Details of Beneficiary		
(1) Beneficiary Name :		,
(2) Beneficiary A/c No.	:	
(3) Beneficiary Address	:	
	PIN Code No. :	
(4) Bank	:	
(5) Branch	i <u> </u>	
(6) IFSC Code		
(7) Remittence Details	•	
Amount to be remitted :	Rs(Rs. in words)	
Bank Charges :	: Rs	
	Rs.	-
Remit the amount as per above deta Remittance plus your charges Rs	ails, by debiting my/our account for the amount of Rs.	
Signature of Applicant (With Stamp	FOR BANK'S USE ONLY	
*	(1) Amount of TT Rs.:	
	(2) Bank Charges Rs. :	5
Tolonhana No.	(3) Total Amount Rs. :	
Telephone No. :	Signature of Employee	
Mobile No. :	Date & Time :	
PAN No. :	UTR No.:	

## Terms & Conditions of Transfer :-

## **Bank's Authorised Signatory**

- (1) Remitting Bank Shall not be liable for any loss or damage arising or resulting from delay in transmission delivery or non delivery or Electronic message or any mistake, omission or error in transmission or delivery thereof or in deciphering the massage from any cause whatsoever or from its misinterpretation received or the action of the destination bank or any act or event beyond control.
- (2) All payment instruction should be checked carefully by the remitter. The Bank is not liable for any loss / damage caused due to error in the information furnished.
- (3) No payment instruction can be cancelled after transmission.
- (4) Massages received after cut-offtime will be sent on the next working day.
- (5) Any charges including those levied by the returning bank or account of returned massages would be recovered from the applicant.