Ref. No.

Branch:				RTGS/NE				d Office: F	P B No 6, N Da		am, Kerala	a-676505		
Remitter details:														
Name of Applicant														
Address														
Contact No.	Mob: Phone:						Email:							
Account No.	count No.								Branch:H.O			Туре:		
Beneficiary details:														
Name														
Address														
Beneficiary Account Type		Current/Savings/CC/Other												
Account No.														
Confirm Account No.														
Beneficiary Bank IFSC Code(11 fields mandatory)														
Bank Name		1												
Bank Branch														
Amount:						In words:								
		Rs:												
Cheque No./W Slip No.							Cheque date:							
				TERMS A	AND CO	NDITION	<u>IS</u>							
I/We hereby authorise Nabove and to debit my/colored and beneficiary acconstruction provided by Service Co-operative barunderstand RTGS request	our account count are count are count are dust and accent are subject to the count are subject are sub	t for the c correct and d the bene pts no liak t to the RE	harges d agree eficiary pility for BI regula	plus taxes a that the cr name parti r any conse ation and g Authoris	as applica redit will iculars wi equences ruidelines sed Sigr	able. I/Wobe effects II not be arising of governing on the arising of governing on the arising of the arising o	e hereby ed based used. I/N ut of erring the sa	agree th I solely o We furthen neos det me.	nat afores n the ben er acknow ails provid	aid deta reficiary rledge th ded by m	ils includ account i nat Malap ne/us.And	ing IFSC number opuram d I/We		
		» <u> </u>							:	≫				
IC No:				<u>ustomer</u>										
RTGS/NEFT Amount	to be rer	mitted R	S		/-				Date					
Name of Beneficiary			·							•••••				
Beneficiary Bank			:Br											
Debit Account No&Type			:Br											