रजि. नं. केपीआर / केव्हीआर / आरएसआर / सीआर / १५३/९३



एन.डी. चौगले नागरी सह. पत संस्था मर्या., कोल्हापूर

प्रधान कार्यालय : माळवाडी, कोतोली, ता. पन्हाळा, जि. कोल्हापूर - ४१६२३०

Email: ndchougalenagari@gmail.com | Website: www.ndchougalenagari.com | Contact: 02328-299022

APPLICATION FOR FUNDS TRANSFER- RTGS/NEFT

The Branch Manager,	Date:				
Branch					
Dear Sir/Madam,					
Please remit a sum of Rs.	(Rupees)only	
as per details given below and debit the amou Cash Voucher No	unt with your charg	jes to my/our acc	ount with you.		
DETAILS OF APPLICANT		DET	AILS OF BENE	FICIARY	
NAME:		IFSC CODE:			
ACCOUNT NO.		BANK:			
TYPE OF ACCOUNT : HSS/CD/CC/OD		BRANCH:			
CUSTOMER ID NO.		ACCOUNT NUM	ACCOUNT NUMBER:		
ADDRESS:		REPEAT ACCOUNT NUMBER:			
TEL/MOBILE NO.	TYPE OF A/C H	TYPE OF A/C HSS/CD/CC/OD			
E-mail ID:	NAME :	NAME :			
SENDER PAN NO.		TEL.NO./MOBIL	_E NO.:		
	Terms & Condit	ions			
No. of sender and receiver is mandatory as per We agree to abide by the Real Time Gross is Bank of India from time to time and also the Patsanstha, Kolhapur from time to time. We based solely on the account number of benefic credit. Under normal circumstances, the Beneficiary (i.e. on the date of this application) is guidelines/rules/regulations of RBI.	Declaration Settlement (RTGS) guidelines and or to the control of the control o	Guidelines/Regula erms and condition per RBI Circular da ficiary will not be c uld credit the bene	ation/Rules etc. ons of N. D. Ch ated October 14 onsidered as a c ficiary's accour	ougale Nagari Sah. , 2010 credit will be criteria for providing nt on the same days	
	For Office Use	only	(Ann	olicant's Signature(s))	
Applicant's Signature(s) Verified by:	EMP No. (Maker):		EMP No. (Check		
Applicant's dignature(s) verified by.	, ,			.61).	
	Signature:		Signature:		
	Date	Time:	Date	Time:	
	Acknowledgem				
Received application from (Name)		HSS/CD/CC/OD A	/C No		
Rs on (Date)	at T	imefo	r funds transfe	r under RTGS/NEFT	
Reference No	Seal				
			Si	gnature of Officer	