APPLICATION FOR R.T.G.S.TRANSACTION

SHANKAR NAGARI SAHAKARI BANK LTD; NANDED

NEW MONDHA, BRANCH NANDED

PHONE NO.02462-NND-285566, ARD-02462-272697, Bhokar-02467-222995, Loha-02466-242208.

Date :- / /2014

Name of the Customer :- _____

_____

Account No. :- _____

Beneficiary Account No.																		

Beneficiary's Name :- _____

Beneficiary's Bank Name :- _____

_____

Beneficiary's Branch / Address :- _____

_____

IFSC Code	
Amount of Remittance	
Comm. /Exchange	
Total	
Amount (in words) Rupees	

I/We request you to make the above remittance. It is being understand that the remittance is to be sent at my / our risk and my/our responsibility and on the distinct understanding that no liability whatsoever is to attach to the Bank for any loss or damage arising or resulting from delay in transmission, delivery or non delivery of the massage or for any mistake. I / We also hereby undertake to refund to Bank any over remittance, which is made by mistake in beneficiary's account.

Please remit the amount as per above details by (a) debiting my / our SB/CA/CC A/c No. _____ (b) I /We herewit, tender Cheque No._____ drawn on our A/c towards its amount including Bank Charges.

Signature of the Customer:-		*Signature of Clerk*	
Tel/Mobile No.:-		*Signature of the Officer :-* *(Verify Sing. Officer)*	

UTR																*Time*		