

ELECTRONIC CLEARING SERVICE (Credit Clearing)/ REAL TIME GROSS SETTLEMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS

DETAILS OF ACCOUNT HOLDER

| | |
|--------------------------------|--|
| NAME OF THE INSTITUTION | |
| COMPLETE CONTACT ADDRESS | |
| TELEPHONE NO./FAX NO. | |
| E-MAIL ID OF THE FO/AO/REG/DIR | |

BANK ACCOUNT DETAILS

| | |
|--|--|
| INSTITUTION ACCOUNT NAME (AS PER BANK RECORD) | |
| ACCOUNT NO. | |
| IFSC CODE | |
| BANK NAME (in full) | |
| BRANCH NAME | |
| COMPLETE BRANCH ADDRESS | |
| MICR NO. | |
| ACCOUNT TYPE | |

Certified that the Institute's account is in an RTGS enabled branch.
I hereby declare that the particulars given above are correct and complete.

Date:

Signature of the Competent Authority
of the Institution with seal.

Certified that the particulars furnished above are correct as per our records.

Date:

Signature of the Authorized
Bank official with Bank Seal.