

वाशिम बँक
नाते निरंतर



दि वाशिम अर्बन को-ऑपरेटिव्ह बँक लि., वाशिम
मुख्य कार्यालय : स्व. रामकृष्णाजी राठी मार्ग, रविवार बाजार, वाशिम.

RTGS NEFT **Funds Transfer Instruction**

| | | | | | | | | | | | |
|-------------------|---|---|---|---|---|------|---|---|--|--|--|
| Beneficiary Name | | | | | | | | | | | |
| A/c Type | <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> Loan | | | | | | | | | | |
| A/c No. | | | | | | | | | | | |
| Bank | | | | | | | | | | | |
| Branch | | | | | | City | | | | | |
| Date | D | D | M | M | Y | E | A | R | | | |
| Branch | | | | | | | | | | | |
| Received From | | | | | | | | | | | |
| A/c No. | | | | | | | | | | | |
| ₹ | | | | | | | | | | | |
| Applicant's Sign. | Bank's Seal & Sign. | | | | | | | | | | |

CONDITIONS FOR TRANSFER

- All payments instructions should be carefully checked by the remitter. As crediting the proceeds of remittance as based on the beneficiary's account number, the name of the other bank and its branch I shall not be responsible if these particulars are not provided correctly by the remitter.
- Application/Message received after the business hours will be sent on the immediate next working day.
- The Washim Urban Co-op. Bank Ltd., Washim shall not be responsible for the delay in proceeding of the payment due to RBI TRGS system being available/failure of internal Communication system at the recipient bank/branch information provided by the remitter/Any incorrect credit accorded by the recipient.

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JOB - D - 20

Branch

RTGS NEFT

Funds Transfer Instruction

| | | | | | | | | | | | | | | |
|-----|--|--|--|--|--|------|---|---|---|---|---|---|---|---|
| No. | | | | | | Date | D | D | M | M | Y | E | A | R |
|-----|--|--|--|--|--|------|---|---|---|---|---|---|---|---|

(To be filled in by Applicant in Block Letters)

| | | | | | | | | | | | | | |
|-------------|---|--|-----------------|--|--|--|--|--|--|--|--|--|--|
| The Manager | ₹ | | Rupees In Words | | | | | | | | | | |
|-------------|---|--|-----------------|--|--|--|--|--|--|--|--|--|--|

Please remit a sum of
As follows and debit the amount with your charges to my / our account with you. I /We agree to abide by the terms & conditions given overleaf.

Details of the Beneficiary

| | | | | | | | | | | | | | |
|--------------|--|-------------|--|--|--|-----------|--|--|--|--|--|--|--|
| Name | | | | | | | | | | | | | |
| Account Type | <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Loan | Account No. | | | | | | | | | | | |
| Bank | | | | | | City | | | | | | | |
| Branch | | | | | | IFSC Code | | | | | | | |

| | | | | | | | | | | | | | | |
|--------------------------|--|--|--|--|--|----------|-----|--|--|--|--|--|--|--|
| Name of the Applicant(s) | | | | | | Mob. No. | +91 | | | | | | | |
| Account Type | | | | | | A/c No. | | | | | | | | |

Applicant's Signature/s

| | | | | | | | | | | | | | | | | | | | | | |
|----|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|
| 1. | | | | | | | | | | | 2. | | | | | | | | | | |
|----|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|

Only for Office use

| | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|---------------|--|--|--|--|--|----------------------|--|--|
| Amount of FT ₹ | | | | | | Set No. | | | | | | Authorised Signatory | | |
| Charges ₹ | | | | | | Batch Number | | | | | | | | |
| Total Amount ₹ | | | | | | Scroll Number | | | | | | | | |
| UTR Number | | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | Time | | |

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