JHUNJHUNU KENDRIYA SAHAKARI BANK LTD., JHUNJHUNU

JHUNJHUNU KENDRIYA SAHAKARI BANK LTD., JHUNJHUNU

	ANNEXURE - II	PAYING IN SLIP FOR NEF	T/RTGS	
Branch	Branch	Date	Time of Receipt	
	For RTGS-AMOUNT MUST BE FOR RS LACS OR MORE			
Date				
COUNTERFOIL	Application for Electrinic Funds Transfer to a customer of another Bank through RTGS/NEFT. (to be filled by customer)			
Sender's A/c No -	Sender's A/c No of base Branch -			
Name of A/c Holder	Name of A/c Holder			
NEFT/RTGS : -	NEFT/RTGS : -			
Favouring (Payee) Name	Favouring/Beneficiary (Name)			
Bank -	Receiving Bank Name -			
Branch -	Receiving Branch Name -			
IFS Code -	Receiving Branch IFS Code -			
Beneficiary A/c No -	Beneficiary A/c No -			
Beneficiary A/c Type -	Beneficiary A/c Type (SB/CA/OD/CC/NRE/Credit Card) -			
	Massage for beneficiary (Applicable for RTGS only)			
Amount -	Amount -			
Exchange -	Exchange -			
Total Amount -	Total Amount -			
Total Amount in Words -	Total Amount in Words -			
Beneficiary A/c No -	Beneficiary A/c No -			
(To be Written 2nd Time as per RBI Guidelines)	(To be Written 2nd Time as per RBI Guidelines)			
Signature of Customer Tel/Mob No - PAN No-	I/We Request you to make the above remittance. It is being understood 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 of any loss or damage arising of resulting from delay in transmission, delivery or non delivery of the massage or for any mistake, exchange or error in transmission or delivery thereof or in deciphering the message from whatsoever cause or from its misiterpretation when received or from failure to properly identify the persons name. I/we also hereby undertake to refund to bank any over remittance, which is made by mistake in beneficiary's account. I/we also understand that remittance would be made as per RBI RTGS/NEFT Scheme.			
Dankla Caal		s per above details by (i) debiting my/ ender cheque No drav		
Bank's Seal				
Sign Of Clark/Cashiar/Tallar	Signature of Customer Tel/Mob. No	• •	Sign. Of Officer	Sign. Of Officer
Sign. Of Clerk/Cashier/Teller	PAN No	(Who Created Mesg.)	(Who Authorized)	(Who Verified)