JHALAWAR KENDRIYA SAHKARI BANK LTD.

PAYING – IN – SLIP FOR NEFT / RTGS

JHALAWAR KENDRIYA SAHKARI BANK LTD.

ANNEXURE – II

Branch	Branch	Da	ıte				_				ı	Time	of R	eceip	t		
Date	(FOR RTGS – AMOUNT MUST BE FOR ₹ 2 LACS OR MORE)																
COUNTER FOI L	Application for Electronic	Funds T	ransfer	to a	customer	of and	other Ban	k thr	ough	RTG	S/NI	EFT. ((to be	e fille	d in b	y cus	tomer)
Sender's a/c no.	Sender's a/c no of base bran	nch															
Name of a/c holder	Name of a/c holder (sender))															
NEFT / RTGS:	NEFT / RTGS:																
Favouring(payee) Name	Favouring/beneficiary (Nar	ne)															
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/C	A/OD/C	C/NRE	/Crec	lit Card)/	Remi	ttance to I	[ndo]	Nepal								
	Message for beneficiary (ap	plicable	for RT	'GS o	nly)												
Amount ₹	Amount ₹																
Exchange ₹	Exchange ₹																
Total amount ₹	Total amount ₹																
Total amount in words	Total amount in words																
	Beneficiary a/c no:																
	(to be written 2 in time	as per	RBI gu	uidel	ines)	Į.		1							<u>I</u>	<u> </u>	
Signature of Customer Tel/Mob No PAN	I /We request you to make the my/our responsibility and on damage arising or resulting fi error in transmission or deliv received or from failure to pro which is made as per RBI RT	the distir rom delay ery there operly ide	nct under y in trans eof or in c entity the	rstand smissi decipl e pers	ing that no on, deliver nering the	o liabil y or n messa	lity whatso on delivery ge from wh	ever is of the atsoe	s to at e mes ver ca	tach t sage o use oi	to the or for r froi	Bank any n n its n	for a nistak nisint	ny los ke, exc erpre	s or chang tation	e or when	
Bank's Seal	Please remit the amount as pe F including Bank charge.	er above o Branch (ii	details by i) I/We h	y (i) do erewi	ebiting my th tender c	our S cheque	B/CA/OD/0 e No	CC/N	RE/ a/	c No. Irawn	on o	ur a/c	towa	rds it	s cost	witl	1
Sign. of Clerk/Cashier/Teller	Signature of Customer Tel/Mob No PAN			-• -•	Sign. of (who cr				gn. of ho au					ign. o who v			