GUJARAT GRAMIN BANK

GUJARAT GRAMIN BANK

H.O.: VADODARA

Date : _____

Time of Receipt

Branch _____

Date

(For RTGS - amount must be Rs. 2/- lac and above)

Application for Electronic Funds Transfer to a customer of another bank through RTGS/NEFT (Please strike out the inapplicable one) To be filled in by the Customer For Office Use

Account	No	
Account	INO.	

Base Branch :

Name of Account Holder :

RTGS / NEFT favouring :

Bank :
Branch :
IFS Code :
Beneficiary's A/c. No.
Beneficiary A/c. Type :
Beneficiary Name :

	Amount (Rs.)
Amount of Remittance	
Exchange	
Total	

Amount (in words) Rupees

Clerk/Cashier/Teller	Acctt.
(Cheque(s) subject to realiz	ation)

Α	mount (Rs.)	You	r Account	Details			Verified in
Amount of		Base Branch :					Financial
Remittance		Account No. :					Initial
Exchange		Name of Account Holder					Initial
Total) / e rifi e el unitib
Amount (in	(in words) Beneficiary Details :				Verified with Message		
/ inount (in	worddy	Bank :					Message
Rupees		Branch :					
		IFS Code (11 Characters)					
		Beneficiary's Account No.					
		Beneficiary A/c. Type	SB	CA	CC	OD	Initial
		Beneficiary's Name					1 I

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 or any loss or damage arising or resulting from delay in transmission, delivery or non-delivery of the message or for any mistake, exchange or error in transmission or delivery thereof or in deciphering the message from whatsoever cause or from its misinterpretation when received or from failure to properly identity the person's 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. It is not responsibility of bank, if money transfer is delayed due to some technical reason.

Please remit the amount as per abov	details by (i) debiting my/ou	ur SB/CA/CC/OD A/c. No.	with
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_branch (ii) I/We herewith tender cheque No. _____ drawn on our a/c. towards its cost including Bank charges.

Signature of the Customer :

Telephone/ Mobile No.

PAN No.



Message for Beneficiary : (Applicable for RTGS only)

Full Signature of Officer verifying TXN

Full Signature of Operator creating TXN

Branch _____