PROFORMA FOR ELECTRONIC CLEARING SERVICE/ REAL TIME GROSS SETTLEMENT (RTGS) FOR RECEIVING PAYMENTS

DETAILS OF ACCOUNT HOLDER

Name of the Grantee Institution	with
complete address	
Telephone number, Mobile number	and
E-mail id of the contact person in	the
Grantee Institution	
BANK ACCOUNT DETAILS	
Name of the Account holder	
(as per Bank records)	
Dank account number and type	
Bank account number and type	
Name of the Dank brough and addr	
Name of the Bank, branch and addr	ess
IESC Code	
IFSC Code	
MICD Code	
MICR Code	
Cartified that the Crantoe institution's	hank account is in a DTCS anabled branch I
Certified that the Grantee institution's bank account is in a RTGS enabled branch. I	
hereby declare that the particulars given above are correct and complete.	
Date:	Signature of Head of the Institution or
Date.	Competent Financial Authority with Seal
	Competent i mandial Authority with Seal
Certified that the particulars furnished above are correct as per our records.	
Continued that the particular farmened above are contest as per our records.	
Date: Sig	nature of the Authorized Bank Official with Seal
	a.a. 5 and / aanon254 bank omolal with ood

Note: Please enclose a cancelled cheque.