

NAGARIK SAMABAY BANK LIMITED GUWAHATI, ASSAM

RTGS/NEFT APPLICATION FORM

All details should be filled in BLOCK LETTERS

DATE | D | D | M | M | Y | Y | Y | Y

Remmitter Details

Remitter (Applicant) Name																		
Remitter Account Number																		
Remitter address																		
Contact number																		

Beneficiary Details

Beneficiary Name																		
Beneficiary Account Number																		
Re-write Beneficiary Account Number																		
Beneficiary Bank Name																		
Beneficiary Bank Address																		
Beneficiary bank IFS Code																		
Amount in figures																		
Amount in words																		
Cheque Number																		

Terms and conditions

1. I / We hereby authorize NAGARIK SAMABAY BANK LTD. to carry out the RTGS/NEFT as per the details mentioned above.
2. I / We agree that the credit will be affected solely on the basis of the beneficiary account number provided by me / us.
3. I / We hereby agree that the aforesaid details including the IFS code and the beneficiary details are correct. I / We further acknowledge that NAGARIK SAMABAY BANK LTD. accepts no liability for any consequences arising out of erroneous details provided by me / us.
4. I / We authorize the bank to debit my / our account for the charges plus taxes as applicable.
5. I / We understand that the RTGS / NEFT request is subject to the RBI regulations and guidelines governing the same.
6. Remitting Bank shall not be liable for any loss of damage arising or resulting from delay in transmission delivery or non-delivery of Electronic message or any mistake, omission, or error in transmission or recovery thereof or in deciphering the message from any cause whatsoever or from its misinterpretation received or the action of the destination bank or any act of force majeure.
7. Requests received after the cut off time shall be sent in the next batch/day as the case may be.

I / We have read the above mentioned terms & conditions and agree with the same.

Signature of the applicant (with seal.)

CUSTOMER ACKNOWLEDGEMENT

Received your RTGS/ NEFT request for an amount of _____ against Cash / Cheque Number _____ to be remitted to Account Number _____ of _____ Bank with IFS Code _____ in the name of _____. Customer will be guided by the terms and conditions as prescribed in the request form and NAGARIK SAMABAY BANK LTD. will have no liability for any consequences arising out of incorrect details provided by the customer in the above request form.

OFFICE USE ONLY

DATE	D	D	M	M	Y	Y	Y	Y	Time	
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Branch Signature with Stamp