



**THE NILAMBUR CO-OPERATIVE
URBAN BANK Ltd. No. F. 1043**

Branch: _____ Date: DD MM YY

Application for RTGS NEFT DD MT PO

Beneficiary Details

Name: _____

Address: _____

E-mail: _____

SB/CD/CC Account Number: _____

Bank: _____

Branch: _____

IFSC: _____

Remitter Details

Name: _____

Address: _____

Account Number: _____

PAN: _____ Tel/Mobile: _____

Email: _____

Fund Transfer Details

Amount: _____ Charges: _____ Service Tax: _____ Total Amount: _____

Total Amount in words: _____

Message if any _____

Beneficiary Account Number (Confirmation): _____

Please execute the transaction subject to the rules of the Bank which is made known to me and I agree to abide by the same. I also agree to the charges being debited from my account.

Signature of the Applicant

For Office Use Only

RTGS NEFT DD MT PO

Not applicable for AWB/DD/PO Not applicable for DD/PO
Message to be conveyed to the beneficiary of RTGS/NEFT (Optional)

UTR No _____

Cashier / Clerk Accountant Branch Manager

Branch: _____ Date: _____

Application for RTGS NEFT DD MT PO

Beneficiary Name: _____

Beneficiary Account Number: _____

Beneficiary Bank: _____

Beneficiary Branch: _____

Beneficiary IFSC: _____

Amount: _____

Charges: _____

Total Amount: _____

Cashier / Clerk Accountant

IFSC CODE: FDRL0NCUB01

UTR No _____



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