

**APPLICATION FORM FOR DEPOSITING PAYMENT AGAINST BILLS
IN BANK ACCOUNT BY ELECTRONIC CLEARING SERVICE/NEFT**

1. Name of the Vendor :

2. Vendor Address & other Particulars :
 - a) Pan No :
 - b) GST No:
 - c) Mobile No :
 - d) E-mail ID :

3. Account Holder's Name :
(Title of the Account)

4. Bank Account No :

5. Bank Name Branch & Address :

6. 9-Digit MICR code of the Bank :

7. Account type (SB/CURRENT) :

8. IFSC CODE (Attach Xerox copy of cheque) :

I here by declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete information, I would not hold the user institution responsible. I agree to discharge the responsibilities as a participant under the scheme.

(_____)
Signature of the Vendor with Seal

Certified that the particulars furnished above are correct as per our records.

(_____)
Signature of the authorized official from the Bank

Bank's Stamp :
Date :

Note: Xerox copy of cheque may be attached, without which the form will not be accepted