



CUSTOMER ACKNOWLEDGEMENT

Branch :
Date :

| |
|--|
| Mode of (Select one) <input type="checkbox"/> PO <input type="checkbox"/> DD <input type="checkbox"/> NEFT |
| Fund/Money Transfer <input type="checkbox"/> FAST MONEY <input type="checkbox"/> RTGS |
| Amount to be remitted (in words) Rupees |
| Favouring (beneficiary name) |
| at (Place to be drawn on) : |
| for SIB Fast Money |
| Beneficiary SIB Account Number : |
| for RTGS / NEFT |
| Beneficiary Bank Details |
| Account Number : |
| Branch : |
| Bank : |
| Place : |
| IFSC/NEFT Code Number : |
| Received from |
| Amount for remittance : Rs. |
| Exchange : Rs. |
| Tele Charge : Rs. |
| Service Tax : Rs. |
| Received Total : Rs. |
| For Bank use |
| Authorised Signatory |



THE SOUTH INDIAN BANK LTD.

F.No. 419-10000-04/09 - Andhra Colour / EP
DD/FUND TRANSFER APPLICATION FORM

BRANCH: DATE:

| | | | | | |
|-----------------------------|---------------|-----|---|--|--|
| CASH DEPOSIT DETAILS | | | Mode of Fund/Money Transfer / <input type="checkbox"/> PO / <input type="checkbox"/> DD / <input type="checkbox"/> FAST MONEY / <input type="checkbox"/> RTGS / <input type="checkbox"/> NEFT | | |
| Notes | Amount | Ps. | Amount to be remitted (in words) Rupees | | |
| | Rs. | | Favouring (beneficiary name) | | |
| 1000 x | | | at (Place to be drawn on) : | | |
| 500 x | | | for SIB FAST MONEY | | |
| 100 x | | | Beneficiary SIB A/c No. <input type="text"/> | | |
| 50 x | | | for RTGS / NEFT | | |
| 20 x | | | Beneficiary Bank Details: Account No:..... | | |
| 10 x | | | Branch :..... Bank:..... | | |
| Others | | | Place :..... IFSC/NEFT Code No:..... | | |
| Coins | | | APPLICANT DETAILS | | |
| TOTAL | | | PAN No.: Mobile / Tel. Number:..... | | |
| For Bank Use | | | If SIB A/c Holder <input type="text"/> | | |
| Trx ID : | | | If not SIB A/c Holder Cheque No.: | | |
| Advise No. : | | | Name :..... | | |
| | | | Address :..... | | |
| | | | Acknowledgement (Applicable Only for Pay Orders & Demand Drafts) | | |
| Checked by | Authorised by | | Received PO/DD Number: | | |
| | | | Amount for | | |
| | | | Remittance : Rs. | | |
| | | | Exchange : Rs. | | |
| | | | Tele Charge : Rs. | | |
| | | | Service Tax : Rs. | | |
| | | | Total : Rs. | | |
| | | | Please Remit as per instructions provided in the application. I/We accept the terms and conditions as specified overleaf. | | |
| | | | Applicant's Signature | | |
| | | | Applicant's Signature | | |