THE KALYAN JANATA SAHAKARI BANK LTD.
दि कल्याण जनता सहकारी बँक लि.
— MULTI STATE SCHEDULED BANK —

APPLICATION FORM FOR FUNDS TRANSFERRED THROUGH RTGS (REAL TIME GROSS SETTLEMENT) / NEFT (NATIONAL ELECTRONIC FUNDS TRANSFER)

Head Office: Kalyanam_astu, Adharwadi, Kalyan (W) 421301 Phone No. :(0251)2315995/2316641 Fax:(0251)2221394 Email:response@kalyanjanata.in

DATE ☐☐ ☐☐ ☐☐☐☐ BRANCH _____

YOU ARE REQUESTED TO REMIT THE PROCEEDS AS PER DETAILS BELOW THROUGH ☐ RTGS / ☐ NEFT *(Tick ✓ the appropriate Box)*

☐ WITHDRWAL (FOR NON CHEQUE-BOOK HOLDER) ☐ CHEQUE ATTACHING CHEQUE NO. _____ FOR ₹ _____

(FOR RTGS DRAW A CHEQUE FAVOURING *"The Kalyan Janata Sahakari Bank Ltd - RTGS"* & FOR NEFT DRAW A CHEQUE FAVOURING *"The Kalyan Janata Sahakari Bank Ltd - NEFT"*

My / Our Details (Remitter)

REMITTER (APPLICANT) NAME _____

REMITTER ACCOUNT NUMBER ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Account Type ☐CC ☐SB ☐CD ☐CDOD

MOBILE / PHONE NO. OF REMITTER (Mandatory) _____ E-MAIL ID _____

REMARK _____

Beneficiary Details

Beneficiary Name _____

Beneficiary Address _____

Beneficiary Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Account Type ☐CC ☐SB ☐CD ☐CDOD

Beneficiary Bank Name & Branch _____

Beneficiary Bank IFSC Code ☐☐☐☐☐☐☐☐☐☐☐

Amount (in figures) to be credited _____

Amount (in words) to be credited _____

Terms & Conditions

* I / We hereby authorize The Kalyan Janata Sahakari Bank Ltd., to carry out the RTGS / NEFT transaction as per details mentioned above.
* I / We hereby agree that the aforesaid details including the IFSC code and the beneficiary account are correct.
* I / We further acknowledge that The Kalyan Janata Sahakari Bank accepts no liability for any consequences arising out of erroneous details provided by me/us.
* I / We agree that the credit will be affected solely on the beneficiary account number information and beneficiary name particulars will not be used for the same.
* I / We authorize the bank to debit my / our account with the charges plus taxes as applicable for this transaction.
* I / We agree that requests submitted after the cut off time will be sent in next batch or next working day as applicable.
* I / We hereby agree & understand that the RTGS / NEFT request is subject to the RBI regulations and guidelines governing the same.
* I / We also understand that the 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 delivery 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 or even beyond control.
* I/We agree that incase of NEFT Transaction if we do not have an account with the bank, we will produce Original identification proof while giving the request. In case I/We submit form 60, we will also submit the address proof.
* In case the RTGS and NEFT option is not ticked by us, I / We authorize you to execute the transaction **less than Rupees Two Lacs through NEFT** and **greater than or equal to Rupees Two Lacs through RTGS** and debit the charges as applicable.

Signature of Authorized Signatory	1st Signatory	2nd Signatory	3rd Signatory

Please affix stamp wherever applicable

Branch Use Only

Transaction Reference Number			
Transaction Inputted by	Employee Code	Signature	
Transaction Authorized by	Employee Code	Signature	Branch Stamp, Date & Sign of Bank Officials

Customer Acknowledgement

Received application for RTGS / NEFT for an amount of Rs. _____ vide withdrwal / cheque number _____ from A/c No. _____ & to be credited to _____ A/c No._____ of _____ Bank with IFSC Code_____. Customers will be guided by the Terms and Conditions mentioned in the form The Kalyan Janata Sahakari Bank Ltd., will accept no liability for any consequences arising out of erroneous details provided by the Customer.

Date _____ Time_____ Branch Stamp & Sign