MSBL - 308

THE MALAD SAHAKARI BANK LIMITED

Central Office : 6th Sujata Niketan, Rani Sati Marg, Malad (East), Mumbai - 400097.
Estd : 1976 Tel.: 022 2883 8636 / 2880 3516 | Email : accounts@maladbank.com | Web site : www.maladbank.com

To,
The Manager,
The Malad Sahakari Bank Limited.
_____ Branch.

Date : _____

Customer ID : _____

NEFT / RTGS REQUEST FORM

I am having an Account with your branch and requesting you to transfer following amount through RTGS / NEFT to below mention details:

DETAILS OF ACCOUNT HOLDER

Name of Account Holder	
Account No.	
Type of Account	Saving / Current / Cash Credit / Overdraft
Branch	
Amount to be remitted Rs.	
Mobile No. (Mandatory)	

DETAILS OF BENEFICIARY

Name of the Beneficiary	
Beneficiary Account Number	
Confirm Beneficiary Account Number	
Name of the Bank	
Branch Address	
IFSC Code (11 Digit)	

I am enclosing herewith Cheque No. _____ and transfer Rs. _____

in Words _____

For transfer amount and recover applicable bank charges.

_____
Stamp & Signature of Account Holder

Customer Acknowledgement

Received Application for RTGS / NEFT from SB/CA/CC/OD No. _____
of Shri / Smt. / M/s._____
for remitting of Rs._____

_____
Officer's Signature

Date :

Branch :