

ANNEXURE
RTGS FUNDS-TRANSFER APPLICATION FORM

Date:
Time of Request

The Chief Manager/Senior Branch Manager,
SyndicateBank

_____ Branch.

Dear Sir,

Applicant (Remitter) Details: TO BE FILLED IN UPPER CASE ONLY

Name of the Applicant:	
Account Title	
Debit Account No.	
Account Type	Savings / Current / Overdraft

Beneficiary Details:

Beneficiary Name	
Credit Account No.	
Centre (Location)	
Bank	
Branch	
Account Type	Savings / Current / Overdraft
IFSC Code	

Remittance Details:

Amount (in figures)	
Amount (in words)	
Remarks/narration*	

* Should not exceed 150 characters including spaces in between words

Please remit the amount as per the aforesaid details, by debiting my/our account for the amount of remittance plus your charges. I/We undertake to keep SyndicateBank informed of any changes in the mode of operation of any of the above accounts.

Further, I agree that the credit to the Beneficiary account shall be accorded on the next day if the Beneficiary Bank/Branch is closed on account of any reason. I hereby agree that the Bank will not be held responsible for unexecuted RTGS Request for the reasons beyond the control of SyndicateBank or Reserve Bank of India or both.

I/We hereby confirm having read and understood the terms & conditions pertaining SYNDICATE BANK 'SyndInstant' facility.

Yours sincerely,

(Signature of authorised person with seal)

For Bank's Use Only	
Date & Time of Request	
Account Debited by	
Debit Authoriosed by	
Entered into RTGS	
Authorised into RTGS	