

## NG RTGS Transaction Request Form

Date : Customer's Instruction (Please write in block letters) In figures In Words Amount to be Remitted Name of Applicant. Address of Applicant Name of Beneficiary Address of the Beneficiary Contact No. (Mobile)\* Email ID\* Account No. of Beneficiary Confirm Account No. Name of Beneficiary's Bank Address of Beneficiary's Bank Beneficiary Bank's IFSC CODE (Mandatory 11 characters field) Purpose of Payment (Max 140 Characters) Purpose Code #

Remit less SCB Charges

YES / NO

<sup>\*</sup>Mandatory field for walk-in customers who are not Standard Chartered Bank account holders. Please either fill your Mobile No. or Email ID. #The Purpose Codes have been listed in the Appendix to the form

Debit Applicant's Account No.		-		-			T		T	1	-	$\neg$		_
Cheque Payment Cheque No				-	-			_	-	-	_	-		_
Others (Please Specify)							-							
Contact Tel. No. (I)		(2)							_					
	may a votin si	-	1	69428	n	A	b	(3)						
l am /we are aware of the RTGS's l/we have read the conditions pr														
Authorised Signatories		1.		W-02-0										
		,=0	-											_
		2.												
		3.												
		120	1											
For Bank Use Only														
Signatures Verifed														
Balance Confirmation														
ALM Reporting (If application)														
important : Credit will be effected solely basist	he beneficiary acco						- 00	name da Dat		ill not	beuse	d for th	is puŋ	208
	_													
Amount to be Remitted		figures	figures					In Words						
														_
Name of the Beneficiary		_	_	_		_		,	_	_	_	_		_
Debit Applicant's Account No.		-		-									- 1	