

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 #		

\*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

Remit less SCB Charges YES / NO

