

**PROFORMA FOR ELECTRONIC CLEARING SERVICE/
REAL TIME GROSS SETTLEMENT (RTGS) FOR RECEIVING PAYMENTS**

DETAILS OF ACCOUNT HOLDER

Name of the Grantee Institution with complete address	
Telephone number, Mobile number and E-mail id of the contact person in the Grantee Institution	

BANK ACCOUNT DETAILS

Name of the Account holder (as per Bank records)	
Bank account number and type	
Name of the Bank, branch and address	
IFSC Code	
MICR Code	

Certified that the Grantee institution's bank account is in a RTGS enabled branch. I hereby declare that the particulars given above are correct and complete.

Date:

Signature of Head of the Institution or
Competent Financial Authority with Seal

Certified that the particulars furnished above are correct as per our records.

Date:

Signature of the Authorized Bank Official with Seal

Note: Please enclose a cancelled cheque.