

ANNEXURE 2: APPLICATION FORM FOR COLLECTIONS AND RECEIVABLES

Customer Name: _____

Customer Short Name: _____

Utility Code: _____

Service Provider Name: _____

Corporate Registration Number: _____

Registered Address: _____

Postal Code: _____

Location Code: _____

Mailing Address: _____

Postal Code: _____

Date of Incorporation: _____

Constitution: Company Corporation Partnership Firm Trust Society
Association Others (Please Specify): _____

Industry Type: _____

Products (Please tick the options)

Cash Cheque Virtual Account

NACH Debit (With Federal Bank) NACH Debit – (With Other Banks)

Receivables/EIPP

Hierarchy Required: Yes No Division Required: Yes No

Sub Customer Required: Yes No (for Receivables/EIPP)

Pickup Point Required For Cheque: Yes No Cash: Yes No

Consolidated Pooling Required: Yes No

Name/s and signatures of authorised signatories with seal		
1.	2.	3.

Account Details

Accounts Mapping Information

CIF ID	Bank Account Number	Account Name	Client Code

Accounts Details (Other Bank)

A/C at Bank	A/C at Branch	A/C Holder Name	A/C Number	IFSC Code	A/C Type- Current/OD/SB

Name/s and signatures of authorised signatories with seal

1.	2.	3.
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FOR OFFICE USE ONLY

Sourced by:

PF Number:

Seal & Signature:

Date: