



NCHL-IPS Fund Cash Transfer Form

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Fund Transfer Details

Date:

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<input type="checkbox"/> General Transfer (CUST)	<input type="checkbox"/> Remittance (REMI)	<input type="checkbox"/> Fee (FEEO)	<input type="checkbox"/> Insurance (INSU)
<input type="checkbox"/> Installment (INSM)	<input type="checkbox"/> Credit Card (CCRD)	<input type="checkbox"/> Salary Corporate (SALC)	<input type="checkbox"/> Salary (SALA)
Amount (In Figures)		(In Words)	
Sender's Name			
Identification No.		Issued By:	Issue Date:
Sender's Mobile No.	+	9	7 7
Deposit Purpose			

Credit account Information (Beneficiary Details)

Creditor Name			
Creditor Bank Name		Branch	
Creditor Account No.			

Terms and Conditions:

1. The Applicant shall be responsible for any loss/liability occurred due to inconsistencies or incompleteness of the information provided.
2. Applicant will have to borne additional Rs.25.00 as IPS Fee. Receiving financial institution may charge fees.
3. Credit to Beneficiaries account timingrely on availability of NCHL-IPS sessions.

Applicant's Signature

For Official Purpose

Transaction No.			
Cash Received By: Date:	Processed by Date:	Approved by Date:	



IPS Fund Transfer Cash Receipt

Creditor Name			
Creditor Bank Name		Branch	
Creditor Account No.			
Transfer Amount (In Figures)	Transfer Fee	Rs.25.00	Total Amount Collected
Total Collected Amount (In Words)			
Depositor's Name			

Date:

Official Stamp

Authorized Personnel