

ALLAHABAD BANK
Branch Name & Code



APPLICATION FORM FOR NATIONAL ELECTRONIC FUNDS TRANSFER

- Cash Remittance permissible up to Rs. 50,000/- only
- Quote PAN for amount of Rs. 50,000/-
- (✓) Where Applicable
- To be filled by the Applicant in BLOCK LETTERS

PAN

Please remit through **NEFT** a sum of Rs. _____Rs. (In words)_____only against Cash Cheque Debit to my/our account as per details given below and debit the amount with your charges to my/our account with you:

DETAILS OF APPLICANT (REMITTER)		DETAILS OF BENEFICIARY	
Amount to be Remitted (Rs.)		City/Centre:	
Charges (Rs.)		Bank:	
Service Tax (Rs.)		Branch:	
Total Amount to be debited (Rs.)		IFSC :	<input type="text"/>
Account No.:	<input type="text"/>	Beneficiary's Name:	
Type of Account:	<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC/ OD	Account No.:	<input type="text"/>
Cheque Number:	<input type="text"/>	Type of Account:	<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC / OD
Cheque Date:	<input type="text"/>	Telephone/Mobile No.	<input type="text"/>
Remitter's Name:		FAX	<input type="text"/>
Address:		Remarks or description, if any	
Telephone / Mobile No.	<input type="text"/>		
FAX	<input type="text"/>		
E Mail ID:			

I/We agree and abide by the Rules, that under the normal circumstances, the Beneficiary account would be credited by Destination Bank/ Branch on the same day at the Destination Centre subject to Terms & Conditions mentioned overleaf & NEFT Rules.

Date: _____ (Applicant's Signature/s)

FOR BANK'S USE ONLY

Transactions entered as per details of Beneficiary as given above.	Applicant's Signature Verified, Transaction Authorized & Funds Remitted through NEFT as per the details of Beneficiary given above.
Priority Code (If Any):	IFSC : _____ Journal No.:
Time :	Txn Ref No:
Date:	Sequence No.:
Authorized Official (Maker) with SS No.	Authorized Official (Checker) with SS No. _____ Date _____ Time _____

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ALLAHABAD BANK _____ **Branch** **CUSTOMER'S RECORD SLIP**








Received from: _____ by Cash/Cheque (No. _____) /debit authority SB/CA/CC/OD Account No. _____ for Rs. _____Rs. (In Words) _____ Only) on Date _____ at Time _____ Hours for Fund Transfer under NEFT as detailed below:


Beneficiary Name		IFSC Code	
Type of Account		Bank	
Account Number		Branch & City	

Cashier/ Authorized Signatory: _____



TERMS & CONDITIONS FOR ACCEPTING THE REQUEST FOR FUNDS TRANSFER (FT) THROUGH NEFT.

-  Funds Transfer shall be effected only when the Destination Bank/Branch is participating in NEFT.
-  Sufficient clear funds in the remitter's account must be available.
-  The application form should be accompanied with the debit instrument for debiting the account.
-  Application Form must be received before the cut off time. If application is received after cut off time, then transfer of funds shall be effected in the next batch/working day.
-  In case of holidays at the destination branch the credit will be afforded on next working day.
-  Once the Account is debited and funds are remitted / NEFT transfer effected, the remitter cannot revoke the given mandate.
-  The remitting branch/bank shall not be liable for delay/non-payments to the beneficiary if: -
 - a) Incorrect and Insufficient details of beneficiary are provided by the applicant/remitter.
 - b) Dislocation of work due to the circumstances beyond the control of Remitting/Destination Banks like non-functioning of computer system, disruption of work due to natural calamities, strike, riot declared/undeclared holidays, etc., or internal problems or other causes beyond the control of the Branch/Bank resulting in disruption of communication.

 The NEFT batch time is as under

Settlement-Batch	Monday-Friday	0930, 1030, 1200, 1300, 1500, 1600
	Saturday	0930, 1030, 1200

Please note that the timings are subject to change as per RBI notification

PARTICULARS OF RECEIPT

Details	Rs.	P.
X 500		
X 100		
X 50		
X 20		
X 10		
X 5		
X 2		
X 1		
Coins		
TOTAL		

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PAN

Please remit through **NEFT** a sum of Rs. _____ Rs. (In words) _____ only against Cash Cheque Debit to my/our account with you/your _____ Branch.

DETAILS OF APPLICANT (REMITTER)		DETAILS OF BENEFICIARY	
Amount to be Remitted (Rs.)		City/Centre:	
Charges/Commission (Rs.)		Bank:	
Service Tax (Rs.)		Branch:	
Total Amount to be debited (Rs.)		IFSC :	<input type="text"/>
Type of Account:	<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC/ OD	Beneficiary's Name:	
Account No.:	<input type="text"/>	Type of Account:	<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC / OD
Cheque Number:	<input type="text"/>	Account No.:	<input type="text"/>
Cheque Date:	<input type="text"/>	Telephone/Mobile No.	<input type="text"/>
Remitter's Name:		FAX	<input type="text"/>
Address:		Remarks or description, if any	
Telephone / Mobile No.	<input type="text"/>		
FAX	<input type="text"/>		
E Mail ID:			

I/We agree and abide by the Rules, that under the normal circumstances, the Beneficiary account would be credited by Destination Bank/ Branch on the same day at the Destination Centre subject to Terms & Conditions mentioned overleaf & NEFT Rules.

Date: _____ (Applicant's Signature/s)

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Transactions entered as per details of Beneficiary as given above.	Applicant's Signature Verified, Transaction Authorized & Funds Remitted through NEFT as per the details of Beneficiary given above.		
Priority Code (If Any):	IFSC :	Journal No.:	
Time :	Txn Ref No:	UTR No.:	
Date:	Sequence No.:		
Cashier/ Authorized Official (Maker) with SS No.	Authorized Official (Checker) with SS No.	Date	Time

CUT HERE

ALLAHABAD BANK _____ Branch **CUSTOMER'S RECORD SLIP**

Received from: _____ by Cash/Cheque (No. _____) /debit authority SB/CA/CC/OD Account No. _____ for Rs. _____ Rs. (In Words) _____ Only) on Date _____ at Time _____ Hours for Fund Transfer under NEFT as detailed below:

Remittance Amount		Beneficiary Name	
Commission		IFSC Code	
Service Tax		Bank	
Type of Account		Branch & City	
Account Number			

Cashier/ Authorized Signatory: _____

