CHEOUF PRINTING REGISTRATION FORM

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| CHEGOE I MINTING REGIOTIATION TOMM | _ | | |
|--|---|--|--|
| (For Bank Use Only) | | | |
| Branch Branch Code | Date DDMMYYYY | | |
| PLEASE FILL UP THE FORM IN BLOCK LETTERS | | | |
| CORPORATE DETAILS (Providing Group id, Applicant name & Corporate cust id are mandatory) | | | |
| Group ID* Please provide existing Corporate ID in the" Group ID" field to link new company or new CASA / Loan / Fixed deposit account | | | |
| Applicant name* | | | |
| Corporate Cust Id* | | | |
| Accounts for which cheque printing requests to be accepted | | | |
| Account No 1 Account No 2 Account No 2 | | | |
| Email Ids from which cheque printing requests to be accepted (Providing at least one email id is mandatory) | | | |
| We request you to register the below mentioned e-mail ids as Authorised e-mail ids (for the Applicant name mentioned above) for placing cheque printing requests on our behalf. | | | |
| Email Address 1 | | | |
| Email Address 2 | | | |
| Email Address 3 | | | |
| Signature of all the users to be affixed on the cheque printed | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Signature of Authorised Signatory1 Signat | ure of Authorised Signatory2 | | |
| | | | |
| Name | | | |
| Declaration, Terms & Conditions | | | |
| I/We hereby declare that the above mentioned information with respect to my/our bank accounts h to commence cheque printing facility for our regular payments. | eld with your bank is/are true & correct. Request you | | |
| | | | |
| | | | |
| | | | |
| Authorised Signatory1 | Authorised Signatory2 | | |
| | | | |
| Name | | | |
| Place Place Place Place | | | |
| Date DDMMYYYY | Y Y Y Y | | |
| (For Branch use only) | | | |
| I hereby certify that the customer has signed in my presence and the signature has been verif | ied from Bank's records | | |
| | | | |
| Verified By (Bank Official Name & Sign) Approved By (Bank Offi | cial Name & Sign) | | |
| * | | | |
| CHEQUE PRINTING REGISTRATION ACKNOWL | EDGEMENT Date DDMMYYYY | | |
| RBLBANK | | | |
| Customer Name | | | |
| Cust Id | | | |
| Account Number | Pagaiyarla Cirrativa | | |
| _ | Receiver's Signature | | |
| CUSTOMER SERVICE: +91 22 61156300 to 99 (9 AM - 7 PM, 7 Days a Week) | Email us at : customercare@rblbank.com | | |
| Website: SMS Banking: To know more Corporate & Retail NetBanking us | Debit Card: Best in class features & benefits. To apply visit pearest Branch, Debit Card | | |



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