COLLECTION IDENTIFIER APPLICATION / SETUP FORM

RBL BANK
apno ka bank

(For Bank Use Only)

| Branch: | | Branch Code | | Date | D D M M Y Y Y Y |
| Cust ID: | | Account No. | | | |

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PLEASE FILL UP THE FORM IN BLOCK LETTERS *(Fields marked as * are mandatory)*

CORPORATE DETAILS

Group Name*:

Please provide existing Corporate ID in the "Group Name" column to link new company or new CASA / Loan / Fixed deposit account

Applicant Name* :

Corporate Cust Id*:

Constitution* : ☐ Public Ltd. ☐ PVT Ltd. ☐ Partnership ☐ Proprietorship ☐ Government Department / Authority

Credit Account No*:

We request you to create the Collection Identifiers linked to our above credit account no. accounts to enable our customer/dealers/remitters to pay us through electronic channels:-

Sr No	Remitter Name	Remitter Code	Additional Parameter 1	Additional Parameter 2	Additional Parameter 3

Please note:
- Use Annexure in case of additional remitters
- Your Collection Identifier no. will start with VA followed by your unique 5 digit customer code

We request you to send MIS by (check box to be provided)

Email _____ SFTP _____

Collection Identifier Status Report ☐ Consolidated ☐

Transaction Report ☐ Incremental ☐

Sr. No.	Name	Email ID	Frequency (Daily/Weekly/Monthly/Others)	Format (Excel/PDF/CSV)

Use annexure in case of additional email ID's

DECLARATION, TERMS & CONDITIONS

I/ We have read & understood the Collection Identifier Terms & conditions as hosted on the website www.rblbank.com, a copy of which is in our possession. I/ We accept the terms and conditions as hosted on the site from time to time. I/ We declare that all the particulars and information given in this application form (and all documents referred to or provided herewith) are true, correct, complete and up-todate in all respects and we have not withheld any information. We further confirm that we are the beneficial owner of the funds sought to be credited through Collection Identifier service.

Authorised Signature 1

Name:

Place:

Date: D D M M Y Y Y Y

Authorised Signature 2

Name:

Place:

Date: D D M M Y Y Y Y

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Date : D D M M Y Y Y Y

CUSTOMER ACKNOWLEDGEMENT

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Received complete Collection Identifier application form from :

Receiver's Signature

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(For Processing Unit Only)

| Branch: | | Branch Code | | Date | D D M M Y Y Y Y |

I hereby certify that the customer has signed in my presence and the signature has been verified from Bank's records

Verified By (Bank Official Name & Sign): _____ Approved By (Bank Official Name & Sign): _____