



.....BRANCH  
..... 20 .....

DD/PO APPLICATION FORM  
NAME OF APPLICANT

PAYEES NAME  
AMOUNT (IN WORDS)

	₹	P.
AMOUNT		
EXCHANGE		
Pocket Exp.%		
TOTAL		

Cashier/Teller

Bank Seal With Date & Time of Request



..... BRANCH

## DEMAND DRAFT/PAY ORDER APPLICATION FORM

DD/PO Number

PLEASE ISSUE A  DEMAND DRAFT  PAY ORDER

Against  Cash  Cheque  Debit My A/c No. \_\_\_\_\_

CIF (Non-RBL Bank Customers) \_\_\_\_\_

CASH	₹			P.	PAYEES NAME	AMOUNT	₹			P.
X 2000					AMOUNT (IN WORDS)	EXCHANGE				
X 500						Out of Pocket Expn.				
X 100					PAYABLE AT	TOTAL				
X 50					SIGNATURE OF APPLICANT	NAME & ADDRESS OF APPLICANT				
X 20						MOBILE/TELEPHONE:				
X 10					PAN	EMAIL:				
X 5					<b>FOR BRANCH USE ONLY</b>					
COINS					CREDIT: BILLS PAYABLE A/C. DD/PO ISSUED					
TOTAL					₹ ..... (Rupees/in words).....	AUTHORISED SIGNATORY/IES				

Acknowledgment from the Customer after receipt of the instrument .....

**Terms and conditions :** • DD / PO upto ₹ 49,999/- is allowed in cash. • Bank shall debit the Customer's account for fees and/ or charges for DD / PO.

### AUTHORIZATION FOR BEARER (To be filled & signed only when authorizing bearer)

I/We authorize _____ <small>Name of the bearer</small>		to collect the DD / PO																											
Date	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Bearer's Signature	Signature of at least one authorised signatory																		
D	D	M	M	Y	Y	Y	Y																						
Received Demand Draft / PO No.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													₹	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													Paise	Receiver's Signature
(For Branch use only) Branch Code		<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					Date	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y													
D	D	M	M	Y	Y	Y	Y																						
Inputted By (Name & Sign) : .....					Authorized By (Name & Sign) : .....																								