



Application Form For Transfer Through Immediate Payment Service (IMPS)

Branch Code/Name	
Date	
Time	

You are requested to remit the proceeds as per details below through IMPS

Attaching Cheque No. _____ for Rs. _____.

(Please draw cheque favoring "SVC Co-op. Bank Ltd - IMPS")

	Beneficiary Details		
Request for	P2P <input type="checkbox"/>	P2A <input type="checkbox"/>	Others <input type="checkbox"/>
Beneficiary Name			
Beneficiary Account Number			
Beneficiary Address			
Beneficiary Bank Name & Branch			
Beneficiary Bank IFSC Code			
Amount (in figures) to be credited			
Amount (in words) to be credited			
Beneficiary MMID			
Beneficiary Mobile Number			
Beneficiary Aadhar UID			

	Remitter Information
Remitter- (Applicant) Name	
Remitter Account Number	
Remitter Mobile Number	
Remitter Branch Name	
Remitter IFSC Code	
Remitter MMID	

Terms & Conditions

- I/ We hereby authorize SVC Co-op. Bank Ltd. to carry our transaction as per details mentioned above.
- I/We hereby agree that the aforesaid details including the IFSC code and the beneficiary account are correct.
- I/We further acknowledge that SVC Co-op.Bank Ltd. accepts no liability for any consequences arising out of erroneous details provided by me/us
- I/We agree that the credit will be affected solely on the beneficiary account number information, name particulars will not be used for the same
- I/We authorize the Bank to debit my / our account with the charges plus taxes as applicable for this transaction.
- I/ We agree that requests submitted after the cut off time will be sent in next batch or next working day as applicable.
- I/ We hereby agree & understand that the IMPS request is subject to the NPCI regulations and guidelines governing the same.
- I/We also understand that the remitting Bank shall not be liable for any loss of damage arising or resulting from delay in transmission delivery or non-delivery of Electronic message or any mistake, omission or error in transmission or delivery thereof or in deciphering the message from any cause whatsoever or from its misinterpretation received or the action of the destination Bank or any act or even beyond control.

Signature of Authorized Signatory	_____ 1 st Signatory	_____ 2 nd Signatory <i>Please affix stamp applicable</i>	_____ 3 rd Signatory
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Branch Use Only

Transaction Reference Number		Branch Stamp. Date & Sign
Transaction Inputted by		
Transaction Authorized by		

Customer Acknowledgement

Received application for IMPS for an amount Rs. _____ vide cash/cheque number _____ to be credited to Account Number _____ of _____ Bank with IFSC Code _____ Customers will be guided by the Terms and Conditions mentioned in the form. The SVC Co-op. Bank Ltd. will accept no liability for any consequences arising out of erroneous details provided by Customer.

Date:

Time:

Branch Stamp & Sign