

RELIANCE FINANCE LIMITED

NCHL-IPS DD/DC Instruction

Date:

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REF Number:

DD MM YY

I/We Authorize to debit my account maintained with your bank/FI to credit the account as mentioned below.

Amount in Figure:

In Words:

Creditor Information (Beneficiaries/ Payee)

Creditor Name:

Creditor Bank/FI: Branch:

Creditor Account:

Contact Details:

Address: Tel:

Mobile :..... Email :.....

Debtor Information (Customer/ Payer)

Debtor Name:

Debtor Bank/FI: Branch:

Debtor Account:

Debtor Id Type:

Contact Details:

Address:Tel:

Mobile: Email:

Declaration:

I/We hereby declare that the particulars given above are correct and complete. If the transactions are delayed or not effected at all for any reasons of incomplete or incorrect information and/or delay in the payment and/or interruption of the service/ Scheme/ Plan,

I/We would not hold the Creditor/ Service Provider/ Participant Banks (creditor and debtor banks/FIs) responsible.

Valid Signatories:

With Stamp

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