RELIANCE FINANCE LIMITED
रिलायन्स फाइनान्स लिमिटेड

APPLICATION FOR GOOD FOR PAYMENT / CANCELLATION

Date: | D | D | M | M | Y | Y | Y | Y |

To,
The Branch Manager,
Reliance Finance Limited.
……………………Branch

Dear Sir/Madam,

I/We hereby request you to ☐ Make ☐ Cancel a "Good For Payment" of attached Cheque with below mentioned details. I/We authorize the Finance to deduct applicable charges from my/our account.

Account Name : …………………………………………

Account Number : …………………………………………

Cheque Number : …………………………………………

Cheque Issue Date : …………………………………………

Amount in Figure : …………………………………………

Amount In words : ………………………………………………………………………………………………...
………………………………………………………………………………………………

Payee's Name : ………………………………………………………………………………………...

Purpose/ Reason : …………………………………………………………………………………………

Sincerely Yours,

………………………….......
Accountholder's Signature(s)

……………………
Stamp if applicable

FOR OFFICE USE ONLY

Application/Cheque Received and Signature Verified by: ……………………   Date: ....../......./..............

Applicable fee/Charges: ☐ Yes ☐ No   Charge Amount (Rs): …………… In Words: …………………........

Entered by: …………………….............................   Signature: ……………………...

Approved by: ………………………………………….   Signature: …………………………………………………