

**RTGS FUNDS- TRANSFER APPLICATION FORM**

Date: \_\_\_\_\_  
Time Of Request \_\_\_\_\_

The AGM/Senior Branch Manager,  
SyndicateBank  
..... Branch.

Dear Sir,

**Applicant (Remitter) Details: TO BE FILLED IN UPPER CASE ONLY**

Name of the Applicant:	
Account Title / Cheque No.	
Debit Account No.	
Account Types	Savings / Current / Overdraft

**Beneficiary Details:**

Beneficiary Name	
Credit Account No.	
Centre (Location)	
Bank	
Branch	
Account Type	Savings / Current / Overdraft
IFSC Code	

**Remittance Details:**

Amount (in figures)	
Amount (in words)	
Remarks / narration*	

**\*Should not exceed 150 characters including spaces in between words**

**Please remit the amount as per the aforesaid details, by debiting my/our account for the amount of remittance plus your charges. I/We undertake to keep SyndicateBank informed of any changes in the mode of operation of any of the above accounts I/We certify that the Proceeds of RTGS are not being credited to any NRE Account.**

**Further, I agree that the credit to the Beneficiary account shall be accorded on the next day if the Beneficiary Bank/Branch is closed on account of any reason. I hereby agree that the Bank will not be held responsible for unexecuted RTGS Request for the reasons beyond the control of SyndicateBank or Reserve Bank of India or both.**

**I/We hereby confirm having read and understood the terms & conditions pertaining SYNDICATE BANK 'Syndinstant' facility.**

*Yours sincerely,*

**(Signature of authorised person with seal)**

For Bank's Use Only	
Date & Time of Request	
Account Debited by	
Debit Authoriosed by	
Entered into RTGS	
Authorised into RTGS	