The Kodungallur Town Co-operative Bank
Ltd No.102
Good neighbour to bank on

Head office : PB No. 13
Kodungallur - 680 664
Thrissur Dt., Kerala, India.
Fax: 091 480 2802617
Tel : 2802618, 2802619
Email:mail@ktcbank.com
Web :www. ktcbank.com

RTGS / NEFT / IMPS MONEY TRANSFER APPLICATION FORM

Please remit an amount of Rupees…… (in words)……
……..…by debiting my / our account for amount of remittance and Bank charges Rs……..as per details mentioned below.
Remittance Details (if any):…….

Amount Rs……..Charges Rs……..Total Rs……..……

DETAILS OF APPLICANT (REMITTER)	DETAILS OF BENEFICIARY
Account Number:	Account Number / Mobile Number :
Name / Title of Account:…..... ……..……	IFS Code / MMID
Branch……Type of A/c:……...	Name:……...
Address:…… ……..……	Bank:……..…… A/c Type:……...
Mobile No:……..……	Branch:……
	Location:……

Terms and Conditions:

1. Bank will not be liable for non transfer of funds due to incorrect / incomplete beneficiary account details.
2. Bank will not be liable for the delay / non transfer of funds transfer under RTGS / NEFT / IMPS due to any technical reasons.
3. Applicant/s is / are agreeable to all terms and conditions applicable to RTGS / NEFT / IMPS transaction issued by RBI / Bank from time to time available for reference in the bank's Head office / Branches.

I / We declare that I / We are residents in India. I / We agree to abide by the Bank's rules relating to the account(s) and I / We have read, understood and hereby agree to all the terms & conditions mentioned above.

Place:
Date : Signature of applicant/s (with Seal if applicable)

OFFICE USE

Customer ID:……..

Transaction reference number:……Entered By:……..
Account debited……..…Amount …….

Verified by Branch Manager

CUSTOMER COPY

Amount Rs……..……..Charges Rs……..……..Total Rs……...……

Details of applicant (sender)	Details of beneficiary(receiver)
Account Number:	Account Number / Mobile Number :
Name:…….....	Name:……...
Branch:..……	Bank:……..……..… A/c Type:……...……...
Date : ……	Branch:……..……

Signature of Branch official