

NG RTGS Transaction Request Form

Date :

Customer's Instruction (Please write in block letters)

	In figures	In Words
Amount to be Remitted		
Name of Applicant		
Address of Applicant		
Name of Beneficiary		
Address of the Beneficiary		
Contact No. (Mobile)*		
Email ID*		
Account No. of Beneficiary		
Confirm Account No.		
Name of Beneficiary's Bank		
Address of Beneficiary's Bank		
Beneficiary Bank's IFSC CODE (Mandatory 11 characters field)		
Purpose of Payment (Max 140 Characters)		
Purpose Code #		

*Mandatory field for walk-in customers who are not Standard Chartered Bank account holders. Please either fill your Mobile No. or Email ID.
#The Purpose Codes have been listed in the Appendix to the form

Remit less SCB Charges YES / NO

Payment Method (includes amount remitted & SCB charges) (Please ✓ as applicable)

<input type="checkbox"/>	Debit Applicant's Account No.	<input type="text"/>
<input type="checkbox"/>	Cheque Payment	Cheque No. <input type="text"/>
<input type="checkbox"/>	Others (Please Specify)	<input type="text"/>

Contact Tel. No. (1) (2) (3)

I am / we are aware of the RTGS system launched by the Reserve Bank of India
I / we have read the conditions printed overleaf and agree to be bound by them

Authorised Signatories	1.	<input type="text"/>
	2.	<input type="text"/>
	3.	<input type="text"/>

For Bank Use Only

Signatures Verified	<input type="text"/>
Balance Confirmation	<input type="text"/>
ALM Reporting (If applicable)	<input type="text"/>

Important : Credit will be effected solely basis the beneficiary account number details provided and the beneficiary name details will not be used for this purpose.

Customer Acknowledgement

Date:

	In figures	In Words
Amount to be Remitted		
Name of the Beneficiary		
Debit Applicant's Account No.		