बैंक ऑफ़ बड़ौदा Bank of Baroda

ANNEXURE - A

APPLICATION FORM FOR AVAILING COLLECTION/PAYMENT

BARODA CASH MANAGEMENT SERVICES

(For COH use Only)

CMS CUSTOMER CODE : | | | | | | | | | | |

1. CMS CUSTOMER NAME : _____

2. BUYER'S / SUPPLIER'S DETAILS:

NAME	CODE (IF ANY)	BANK DETAILS			ADDRESS	CMS CODE
		ACCOUNT NO.	BANK NAME	BRANCH NAME		*(FOR COH USER)*

Form made fillable by Karvitt.com

4. DETAILS OF LOCATION FOR COLLECTION FACILITY :

A) FOR LOCAL COLLECTION FACILITY

SR. NO.	STATE	CITY

B) FOR OUTSTATION / UPCOUNTRY COLLECTION FACILITY

SR. NO.	STATE	CITY

DATE: _____

PLACE: _____

Seal

_____

(CUSTOMER'S SIGNATURE)

(For CMS Branch Use Only)

We certify that we have verified the signatures of the authorized signatories of M/S_____.

(Signature of Officer)

Name _____

Signature No._____

(Signature of Branch Manager)

Name _____

Signature No. _____

Date : _____

Place : _____

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