



बैंक ऑफ़ बड़ौदा Bank of Baroda

**BARODA CASH MANAGEMENT SERVICES
INTERNAL FUND TRANSFER**

CMS CUSTOMER NAME: _____

CMS CUSTOMER CODE:

CMS CUSTOMER A/c No. (Debit):

Transfer Details for Fund Transfer		Additional Details
A/c No (Credit)		1.
Beneficiary Name		2.
Beneficiary Code		3.
Amount Rs.		4.
Rs. in words		5.

Transfer Details for Fund Transfer		Additional Details
A/c No (Credit)		1.
Beneficiary Name		2.
Beneficiary Code		3.
Amount Rs.		4.
Rs. in words		5.

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Beneficiary Code		3.
Amount Rs.		4.
Rs. in words		5.

Date: _____

Place: _____

(Authorised Signatory)

(For CMS Branch use only)

Signature Verified by

Signature of Officer _____ Name _____ Signature No. _____ Date _____