



बैंक ऑफ़ बड़ौदा **Bank of Baroda**

ANNEXURE - D

**APPLICATION FORM FOR AVAILING LOCK-BOX (INVOICE) MANAGEMENT
BARODA CASH MANAGEMENT SERVICES**

CMS CUSTOMER CODE :

1. CMS CUSTOMER NAME : _____

2. INVOICE DETAILS :

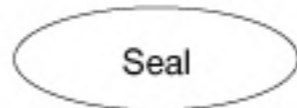
SR. No.	INVOICE No.	INVOICE DATE	INVOICE AMOUNT	DUE DATE OF INVOICE	BUYER'S NAME	BUYER'S CODE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

3. DEBIT / CREDIT NOTE DETAILS :

SR. No.	DEBIT / CREDIT No.	CR / DR NOTE DATE	AMOUNT	INVOICE NO.	INVOICE AMOUNT	BUYER'S NAME	BUYER'S CODE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

CUSTOMER REFERENCE NO. (If any) _____

Date : _____



Place: _____

(For CMS use only)

Signature of Authorised Signatory

Received by _____

Signature of Officer _____

Name _____

Signature No. _____

Date _____