

STANDING INSTRUCTIONS FORM

Branch:	_	Date :/			
Name/s:					
I/We hereby wish to set	up following Sta		tion on my/our	account:	
Debit A/c ID:					
Debit Amount: Rs	/- p.m as deta	m as detailed below:			
Name of the beneficiar	y Mr/Ms				
Account no. of the bene	eficiary				
Frequency Daily	Fortnightly	Monthly	☐ Quarterly	☐ Half yearly	Yearly
Start date:			End date:		
I/ We further undertak instruction. I also unde case of any change in o Charges if any may be o	rtake not to hold perating instruct	the Bank res ions.	ponsible for ex		_
Yours faithfully					
(Signature of account h	nolders)				
For Bank use:					
Signature verified by: _			_		
SI entered on:/	_/ Entered	d by	Verifie	d by:	