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2	POSTAL ADDRESS OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE		1	8	A	N	D	E	M	A	T	R	A 2	M	P	A
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4	TYPE OF BUSINESS [Please	S	SUPPLY WORKS SERVICE OTHERS (L. SP	ECIF	Y)
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5	ORGANIZATIONAL DETAILS [Please		PROPRIETORSHIP PARTNERSHIP COMPAN								ANY I	REGIS	STER	ED		
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6	STATUTORY INFORMATION	P	A	N	:	B	7	2	P	S	5	5	8	5	4	<u> </u>
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7	Plese fill up the following if opted for pay PARTICULARS OF BANK ACCOUNT	ment	rece	ipt th	roug	h El€	ectro	nic Cl	earn	ing S	ervi	ce (N	EFT/	RTG	S)	
	A. NAME OF THE BANK		Cu	AM	AF	र म		13 A	M	K						
	B. BRANCH OF THE BANK		L	OK	49											
	C. ADDRESS OF THE BANK BRANCH	orga Branch														
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		P	1	N	7	8	1	D	3	4]			
	D. BANK ACCOUNT NUMBER	5852201000027														
	(Enclose a cancelled cheque leaf) E. TYPE OF THE BANK ACCOUNT				1			~								
	[Please tick in appropriate box]	5	SB A,	/c		(Cupre	nt A	′c			Oth	ers (F	l. Sp	ecify]	
	F 9-Digit Bank Branch Code	7	8	11	0	1	5	8	1	8						-
	G IFS Code of the Bank Branch	c/	YR	BO	00	58	52					- 37				
I/V or	We hereby declare that the particulars as We willing to/not willing to accept the payment on the original of the declar of the lastitutes or incomplete or i	are g throug correc	given gh E0 ct inf	CS/N orma	ove EFT/ ition,	RGT	S. If t	he el ill no	ectro t hole	nic t d the	rans Inst	actio itute	n/t	ransf osibl	er is e. I/V	delay We sh
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Ce	rtified that the Bank particulars as mentione	d abo	ve a	re co	orrec	rt.				1	P	gr		or		J

Date: 24/7/17

Seal

Singnature of Bank Manager लखरा चारिआली शाखा

Name: D. Lokh Gagini R