			Tel. No	
From,			Mobile No	
			Date :	
			E-mail ID :	
			15	
			ſ	v
To,				
The Liqu		10.01		РНОТО
	ol Co-Operative Bank L trative Office : 2 to 5, Fi			
		oad, Vile Parle (West), Mumbai		
Dear Sir				-
	(5)	s/deposits with your bank ar	re as follows :	
Sr. No.		A/c Type (Savings/Curre		
	Branch	Others Deposits) & A/c. No.		- Amount
		- 1 · · · · · · · · · · · · · · · · · ·		
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		X		* *
We are	enclosing following o	opies for your verification a	nd records :	······································
DOB:	ПП			Total P
PAN N	0:	VOTE	RS ID :	
	AR No.:			
	entity proof: Pan	986 92360	/otes ID Copy	
As a re	sidence proof: Ratio	on Card Copy T	elephone / Electric	ity Bill Copy
Cancel	led Cheque :		9	
Company of the compan	arrange to remit amo cancelled cheque att	unt towards sanctioned amo ached.	ount to my account o	of the bank / branch as
Thanki	ng you,			5
- F	aithfully,			
	300 K		0	
Sig	gnature First Holder	Signature Second	i Holder S	Signature Third Holder

INFORMATION OF BANK ACCOUNT TO WHICH REMITTANCE IS TO BE DONE

Note: Please write following details in capital Letters only.

Company / Name	
Bank Name	
Branch Name	
Branch Code IFSC / MICR	(9 Digits Code Number appearing on the MICR Brand of Cheque supplied by the Bank) Please attach a cancelled leaf or a xerox copy of a blank cheque of your bank account duly cancelled for ensuring accuracy of the bank's name, branch name and code number. This in mandatory to update you ECS details.
Account No. & Type (Saving / Current)	