Customer Request Form for Domestic Remittance Mizuho Bank, Ltd

Authorised signatory of Customer/Remitter (With Company stamp)



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Branch: Date (DD/MM/YYYY):	1 1															
Applicant/ Remitter Name																
Type of remittance																
Purpose of remittance																
Total Amount (in figure)																
Total Amount (in words)																
Type of debit (For Bulk Remittances only)			Note: Multiple							le debit unless selected						
Recover remittance amount and commission from	Debit my/our A Number	Account				-				-						
	By Cheque (subject to realisat	Number Bank														
	Cash (upto Rs 50,000 only)															
Beneficiary details	As per Annexure attached															
Note #The remittance by the Bank absolutely correct. Minimum amount for an RTGS NEFT. Maximum amount per transact Terms & Conditions The Bank shall not be responsible action taken in good faith by the computer network, telecommunica system or force majeure. This wou after the Cut-off time will be mad remittance. I/We agree to indemn particulars furnished by me/us agai agree to abide by Terms & Condition	transaction is INR 200, tions for cash based ren for the loss or damage Bank's staff or the ma ation network or any oti ald include any system de on the next banking ify and save harmless a inst any loss or damage	mittance or re t, if any, that alfunctioning her equipme crash while g day. The E and keep ind caused or ex	o lak emitt may or be ent (ir remi Bank demn k pens	be coreak nclus tting shall ified	e to Ne ause down ive of the I have the I	here i d to t n of t hard paym e no Bank i	s no he R he B ware ents liabil	min R 50 emit ank' e and . And lity v	tter, s or d sof y rewhat	m o /Ber twa ques	r max neficia y othe re) us st for ver for	ary er d eed rei or a	arisir comp in the mitta any s or om	ng out uter s e RTG nce re uch d	or us	any em, EFT ved y in
agree to ablue by Terms & Condition	ons as piaceu on the Ba	iik 2 Menzile	11011	i um	e 10 l	For	Ban	ık u	se o	nly						
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