

DD APPLICATION FORM

_____ BRANCH

PAN NO. _____

DD Number _____

 Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

1) Please issue a demand draft against:

 Cash (Amount limited upto Rs 49,999 including charges)

 Debit my A/c no. _____ towards DD amount & applicable charges enclosing cheque no. _____ Date ____/____/20____

(Cheque to be submitted for DD amount)

Name of Applicant - _____

Beneficiary Name - _____

Payable At - _____

Amount (in Words) - _____

	Rs.	P.
CASH		
X 2000		
X 500		
X 200		
X 100		
X 50		
X 20		
X 10		
X 5		
X 2		
X 1		
COINS		
TOTAL		

	Rs.	P.
Beneficiary Name _____	DD AMOUNT	
Amount (in Words) _____	DD CHARGES*	
Payable At _____	TOTAL	

Please deliver the DD to the bearer Mr./Ms. _____ whose appended signature (s) is duly attested below.

Name & Address of Applicant: _____

Mobile / Telephone: _____ Email id: _____

Bearer Signature _____ Signature of Applicant _____

FOR BRANCH USE ONLY

Acknowledgement from the recipient after delivery of the DD

Name _____ Signature _____

Processed By. _____ Authorised By _____ Ref No. _____

	Rs.	P.
DD AMOUNT		
DD CHARGES*		
TOTAL		

* Charges as per schedule of charges will be applicable

Bank Seal

* Charges as per schedule of charges will be applicable

Customer copy (To be produced by customer while collecting the DD)