

Annexure II

Real Time Gross Settlement (RTGS) Funds Transfer Requisition Form * (To be filled in by the Applicant in Block Letters)

Bank: _____ **Branch:** _____ **Date :** _____

Name of the Ordering Customer (Remitter)	
Account Number of the Customer	
Cheque Number	
Amount to be remitted	Rs. (Rupees Only)
Any other information relevant to ordering customer Register No. , Student Name	

Full Name of the Beneficiary to whom funds are to be remitted	KARUNYA UNIVERSITY
Name of Beneficiary Bank	Syndicate Bank
Name of Beneficiary Bank Branch and Place	Karunya Nagar Karunya Nagar
IFSC code of the Beneficiary Branch	SYNB 0006137
Account Number of Beneficiary to which funds are to be remitted	SB : 61372200013789
Any other relevant information of Beneficiary / payment details	Reg. No. : Name :

Remit the amount as per above details, by debiting my/our account for the amount of remittance plus your charges. #

Signature (s) of the Account Holder

Conditions of Transfer:

1. The Remitting Bank shall not be liable for any loss or damage arising or resulting from delay in transmission delivery or non-delivery of Electronic message or mistake, omission or error in transmission or delivery thereof or in deciphering the message from any cause whatsoever or from its misinterpretation received or the action of the destination Bank or any act or even beyond control.
 2. All the payment instructions shall be checked carefully by the remitter.
 3. Messages received after cut-off time will be sent on the next working day
- This form is designed for temporary use of the branches till CO: P &D department designs a regular format.