

**RTGS-1**

**ALLAHABAD BANK**  
Branch Name & Code



**APPLICATION FORM FOR FUNDS TRANSFER UNDER RTGS**

- (✓) Where Applicable
- To be filled by the Applicant in **BLOCK LETTERS**

Please remit through **RTGS** a sum of Rs. \_\_\_\_\_Rs. (In words)\_\_\_\_\_only against  Cheque  Debit to my/our account with you / your \_\_\_\_\_Branch

| DETAILS OF APPLICANT (REMITTER)  |                      | DETAILS OF BENEFICIARY  |                      |
|--|----------------------|---|----------------------|
| Amount to be Remitted (Rs.)  |                      | City/Centre:  |                      |
| Charges/Commission (Rs.)   |                      | Bank:   |                      |
| Service Tax (Rs.)  |                      | Branch:   |                      |
| Type of Account: <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC/ OD |                      | IFSC :  | <input type="text"/> |
| Account No.:   | <input type="text"/> | Beneficiary's Name:   |                      |
| Cheque Number:   | <input type="text"/> | Type of Account: <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC / OD |                      |
| Cheque Date:   | <input type="text"/> | Account No.:  | <input type="text"/> |
| Remitter's Name:   |                      | Telephone/Mobile No.  | <input type="text"/> |
| Address:   |                      | FAX   | <input type="text"/> |
| Telephone / Mobile No.   | <input type="text"/> | Remarks or description, if any  |                      |
| FAX  | <input type="text"/> |   |                      |
| E Mail ID:   |                      |   |                      |

I/We agree and abide by the Rules, that under the normal circumstances, the Beneficiary account would be credited by Destination Bank/ Branch on the same day at the Destination Centre subject to Terms & Conditions mentioned overleaf & RTGS Rules.

Date: \_\_\_\_\_ (Applicant's Signature/s)

**FOR BANK'S USE ONLY**

|  |   |              |      |
|--|---|--------------|------|
| Transactions entered as per details of Beneficiary as given above. | Applicant's Signature Verified, Transaction Authorized & Funds Remitted through RTGS as per the details of Beneficiary given above. |              |      |
| Priority Code (If Any):  | IFSC :  | Journal No.: |      |
| Time:  | RTGS Sr. No./Txn Ref No:  |              |      |
| Date:  | Sequence No.:   | UTR No. :    |      |
| Authorized Official (Maker) with SS No.                            | Authorized Official (Checker) with SS No.   | Date         | Time |

**CUT HERE**

**ALLAHABAD BANK** \_\_\_\_\_ **Branch** **CUSTOMER'S RECORD SLIP**

Received from: \_\_\_\_\_ by Cheque (No. \_\_\_\_\_) /debit authority SB/CA/CC/OD Account No. \_\_\_\_\_ for Rs. \_\_\_\_\_Rs. (In Words) \_\_\_\_\_ Only on Date \_\_\_\_\_ at Time \_\_\_\_\_ Hours for Fund Transfer under RTGS as detailed below:

|                   |  |                  |  |
|-------------------|--|------------------|--|
| Remittance Amount |  | Beneficiary Name |  |
| Commission        |  | IFSC Code        |  |
| Service Tax       |  | Bank             |  |
| Type of Account   |  | Branch & City    |  |
| Account Number    |  |                  |  |

Authorized Signatory: \_\_\_\_\_



**TERMS & CONDITIONS FOR ACCEPTING THE REQUEST FOR FUNDS TRANSFER (FT) THROUGH RTGS.**

Funds Transfer shall be effected only when the Destination Bank/Branch is participating in RTGS.

Sufficient clear funds in the remitter's account must be available. Prior intimation must be given to Remitting Branch for remittance of Rs. 1 Crore & above.

The Application Form should be accompanied with the debit instrument for debiting the account.

Application Form must be received before the cut off time. If application is received after cut off time, then transfer of funds shall be effected in the next working day.

In case of holidays at the destination branch the credit will be afforded on next working day.

Once the Account is debited and funds are remitted / RTGS transfer effected, the remitter cannot revoke the given mandate.

The Remitting Branch/Bank shall not be liable for delay/non-payments to the beneficiary if:

-

Incorrect and Insufficient details of beneficiary are provided by the Applicant/Remitter.

Dislocation of work due to the circumstances beyond the control of Remitting/Destination Banks like non-functioning of computer system, disruption of work due to natural calamities, strike, riot declared/undeclared holidays, etc., or internal problems or other causes beyond the control of the Branch/Bank resulting in disruption of communication.

The RTGS Cut-Off Time is as under:

|                  |   |                     |                     |               |               |
|------------------|---|---------------------|---------------------|---------------|---------------|
| Customer Payment | Mon - Fri   | 09.00 – 16.30 Hours | Sat                 | 09.00 – 12:00 |               |
| Hours            | Inter- Bank Payment   | Mon - Fri           | 09:00 – 18:00 Hours | Sat           | 09:00 – 14:00 |
| Hours            | <b>Please note that the timings are subject to change as per RBI notification</b> |                     |                     |               |               |