

D.) MICR CODE OF THE BANK BRANCH (9 digits)
(ENCLOSE CANCELLED CHEQUE)

E.) IFSC/RTGS CODE OF THE BANK BRANCH

F.) BANK ACCOUNT NUMBER

G.) BANK ACCOUNT TYPE (TICK ONE)
SAVING CURRENT LOAN CASH CREDIT OTHERS

- > I /We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or credit is not effected at all for reasons of incomplete or incorrect information . I /We would not hold the company responsible.
- > This authority remains in full force until BHEL-HERP Varanasi receives written notification requesting a change or cancellation.

Date _____
Place _____
NAME _____
(AUTHORISED SIGNATORY)
OFFICIAL STAMP _____

BANK CERTIFICATION

It is certified that above mentioned benefiairy holds a bank account no. _____ with our branch and the bank particulars mentioned above are correct.

Date _____
Place _____
NAME _____
(AUTHORISED SIGNATORY)
AUTHORISATION NO. _____
OFFICIAL STAMP _____

Please return completed form along with a blank cancelled cheque to:
Sr. DGM, MM
BHEL HERP
TRANA, SHIPUR
VARANASI 221003