

Annexure III - Form For Remittance through Fax Message

Branch:-

Registration No. _____

Remitter Details:

| | |
|---|--|
| Name of the Account holder / s: | |
| Father's Name: | |
| Address: | |
| Account Number (Linked account) (Enter 14 digit a/c no. , UAE) | |
| Telephone No. Fax No. | |
| E mail id | |

Beneficiary Details (Only One beneficiary) for BOB Beneficiary:-

| | |
|--|--|
| Name of the Account holder | |
| Father's Name | |
| Address | |
| E mail if available | |
| Name of the Branch of bank of Baroda | |
| Account Number (Enter 14 digit a/c no. INDIA) | |

OR

For Non BOB Beneficiary having account with other Bank

| | |
|--|--|
| Name of the Account holder | |
| Father's Name | |
| Address | |
| Email if available | |
| Name of the branch of other Bank | |
| Account Number (Enter 14 digit a/c no. INDIA) | |
| IFSC code of the Branch | |

I request you to debit AED _____(In Figures) AED _____in Words from my above mentioned account and remit the same to the **BOB beneficiary's account / Non BOB beneficiary's account** (please tick whichever is applicable) as detailed above .Please treat this debit authority as irrevocable.

(Signature)_____

Name:_____

Date:

For bank's Use Only

Signature Verified :- (Signature of officer) Dated:_____

Debit A/c No.

Credit A/c No.

For AED -----

For Rs.-----

TXN No._____ Dated_____

(Signature of Posting clerk / Officer):_____

(Signature of authorizing Officer):_____