

(ON VENDOR / CONTRACTOR LETTER HEAD ONLY)

To

M/s Bharat Heavy Electrcials Limited
P.O. Piplani Bhopal (MP) 462022

VENDOR/ CONTRACTOR CODE(S)	
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Dear Sir/Madam,

Sub : Authorization of our payment through EFT/NEFT/RTGS

We hereby authorize M/s BHEL Bhopal to make our payments through Electronic Fund Transfer System. The details for facilitating the payments are given below:

1. NAME OF THE BENEFICIARY : _____

2. ADDRESS : _____ PIN _____

3. TELEPHONE NO. WITH STD. CODE : _____

4. BANK PARTICULARS

A) BANK NAME : _____

B) BRANCH ADDRESS : _____ PIN _____

C) 9 DIGIT MICR CODE : _____

D) BANK ACCOUNTNO :

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E) BANK ACCOUNT TYPE :

SAVING	CURRENT	LOAN	CASH CREDIT	OTHERS (PL. SPECIFY)
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F) IFSC CODE : _____ G) BRANCH CODE: _____

5. BENEFICIARY AUTHORISED E-MAIL ADDRESS :

I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or credit is not effected due to incomplete or incorrect information, I/We would not hold the Company responsible.

Name of the authorized Signatory: _____

Date : _____

SIGNATURE & OFFICE STAMP

Proposed Bank Certification: It is certified that above mentioned beneficiary holds a bank account No. with our branch and the Bank particulars mentioned above are correct.

Name of the authorized Signatory: _____

Date : _____

SIGNATURE & OFFICE STAMP

No Objection Certification from Existing Bank (In case of change of Bank): we have no-objection w.r.t. further payment made by M/s BHEL in the above mentioned account. Bank details of the above mentioned beneficiary with our bank are as follows:

Account No: _____

Bank Address : _____

SIGNATURE & OFFICE STAMP

Please refer point no 7 of the instructions

Endorsement of the SDC (MM)/ PO Issuing Authority or WO Issuing Authority.

All original documents are to be forwarded to Dy. Manager/Finance/Cash Planning Section.

Instructions for filling up the format

1. Details to be addressed to the followings
 - Contract awarding agency in case of work(s) contract and other contingent supplies
 - CDC/CRX in case of transporter
 - Medical MM incase of Medical Purchase
 - SDC/MM where the purchase order issued by MM
2. All details must be filled in capital letters
3. A cancelled blank cheque must be enclosed for verification of Account No, MICR and IFSC Codes.
4. Official Stamp along with designation must be affixed below the signature
5. Bank authorization is mandatory
6. All documents in original are to be submitted to BHEL.
7. In case of change of bank, no objection certificate is required from the existing bank on bank letterhead with suitable clarification.
8. Form with correction(s) or overwriting will not be accepted.

**Dy.Manager/Finance
Cash Planning Section**