

3. Firm/Company/Institution Address: -----

Pin code: -----

E-mail: -----

Mobile: ----- Tel No. -----

4. The following documents are enclosed to this application form:

- a. Copy of the generated State Bank Collect Payment Page
- b. Authorisation from Firm/Company/Institution for availing State Bank Collect service
- c. Duly filled in and signed agreement letter for availing State Bank Collect service.

5. I/ We have read the terms and conditions applicable for availing the service, a copy of which is annexed to this application form and I/We hereby accept the said terms and conditions.

For Firm / Company / Institution

DATE:

(Authorised Signatory / Signatories)

For Office Use

Application Serial Number:

PARTICULARS	Yes / No
Copy of e-Payment page containing details of MIS provided by the Firm/ Company / Institute	
Authorisation letter/resolution from Firm/Company/Institution for availing State Bank Collect service	
Duly filled in and signed Agreement letter and Terms and Conditions between the Bank and the Firm/Company/Institution for availing State Bank Collect services	
Verification of signature of the Authorised person done	

Approval for enabling / rejecting State Bank Collect services	State Bank Collect service enabled / rejected
DATE: Branch Manager	DATE: INB OFFICER

Approved State Bank Collect Services in the system to -----
----- (Firm/Company/Institute)