



"Access to All"

# गरिमा विकास बैंक लिमिटेड

## Garima Bikas Bank Limited

नेपाल राष्ट्र बैंकबाट 'ख' वर्गको इजाजतपत्रप्राप्त संस्था

### NCHL – IPS APPLICATION FORM

Garima Bikas Bank Ltd,  
.....Branch

Date: ..... /..... /.....

I/We hereby authorize to debit my/our account number.....maintained with Garima Bikas Bank Limited as instruction and regarding the service provided by your bank as mentioned below.

**Debtor Information (Customer/Payer):**

<b>Debtor's Name:</b>	
<b>Account No:</b>	
<b>A/C Holder Signature:</b>	
<b>Contact No:</b>	

**Creditor Information (Beneficiary/Payee)**

<b>Creditor's Name:</b>	
<b>Creditor Bank:</b>	
<b>Creditor's Account No:</b>	
<b>Contact No:</b>	

**Instruction Details:**

<b>Amount in Figure:</b>	<b>Charge Amount:</b>
<b>Amount in Words:</b>	
<b>Purpose of Transfer:</b>	

**Declaration:** I/We hereby declare that the particular given above are correct and complete. If the transactions are delayed or not effected at all for any reason of incomplete or incorrect information and /or delay in payment and/or interruption of the service due to amendment, I/we would not hold the creditor/service provider /participant Banks(creditors and debtors banks/FIS) responsible. I agree to discharge the responsibility expected of me/us and abide all rules and regulation stipulated in inter Bank Payment System (NCHL-IPS) operating rules and other provision of NCHL-IPS.

.....  
Signature of Applicant (s)

.....  
Stamp (If applicable)

**Office Use only:**

.....  
Signature verified by

.....  
Approved By