A Reliance Capital Company

Reliance Money
Anil Dhirubhai Ambani Group

AUTO CREDIT REQUEST

Partner / Vendor Name :_____ Contact no. :_____

Proprietor Name :_____

Address line 1 :_____ Postal Code

Address line 2 :_____ City :_____

State :_____ State :_____

I/We_____request to credit the Payments

into my/ours below given Account Number

IT PAN

Bank Name :_____

Branch :_____

Bank Address :_____

:_____

Bank Account Number

RTGS / IFSC Code

MICR Code

Name of A/c Holder :_____

Partner Code R-Money

Partner Code GI

Partner Code LI

Partner Code C.C.

Signature of Partner/Vendor

X

Note : Enclose copy of signed cancelled cheque.

*Kindly fill in this form with all details & submit the print-out it at your nearest Reliance Money Branch.