

INFORMATION FOR REGISTRATION OF SWB FOR RECEIVING PAYMENT VIA EFT

SN	FIELD NAME	VALUE
0	TYPE OF AGENCY	STATE GOVERNMENT INSTITUTIONS
1	AGENCY NAME (i.e., SWB NAME)	
2	ACT/REGISTRATION NO.	WAKF ACT of 1995 (No. 43 of 1995)
3	DATE OF REGISTRATION	
4	REGISTRATION AUTHORITY	STATE/UT GOVERNMENT
5	TIN NUMBER	
6	TAN NUMBER	
7	REGISTERED ADDRESS (COMPLETE)	
8	CITY	
9	DISTRICT	
10	STATE	
11	PIN CODE	
12	CONTACT PERSON'S NAME	CHIEF EXECUTIVE OFFICER (CEO)
13	PHONE NUMBERS (+ STD CODE)	
14	ALTERNATE PHONE/MOBILE	
15	OFFICIAL AND ALTERNATE EMAIL	ceo @wakf.gov.in,
16	BANK NAME	
17	BRANCH NAME & ADDRESS & EMAIL	
18	BRANCH PHONE Nos. (+ STD CODE)	
19	MODES AVAILALE WITH BRANCH	NEFT/RTGS/ECS/_____
20	IFSC CODE	
21	MICR CODE	
22	NAME OF ACCOUNT HOLDER (AS PER BANK RECORDS)	
23	BANK ACCOUNT NUMBER (LATEST, COMPLETE FORMAT)	
24	BANK ACCOUNT TYPE	SAVING BANK/ CURRENT ACCOUNT/_____

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the Government of India responsible. I have read and agreed to discharge responsibilities expected of me as a participant under the Scheme.

(Authorized Signatory with Date)
Name & Designation or Seal: _____

Certified that the particulars pertaining to Bank Details furnished above are correct as per our records.

(Bank Stamp)

(Bank Authorized Signatory with Date)

Note:

1. Please attach a photocopy of Cancelled Cheque.
2. Please attach a photocopy of Latest Bank Pass Book's Account Information Page. (Normally this information is contained in the First Printed Page of Pass Book).