



4. DETAILS OF LOCATION FOR COLLECTION FACILITY :

A) FOR LOCAL COLLECTION FACILITY

SR. NO.	STATE	CITY

B) FOR OUTSTATION / UPCOUNTRY COLLECTION FACILITY

SR. NO.	STATE	CITY

DATE: \_\_\_\_\_  
PLACE: \_\_\_\_\_

Seal

\_\_\_\_\_  
( CUSTOMER'S SIGNATURE)

(For CMS Branch Use Only)

We certify that we have verified the signatures of the authorized signatories of  
M/S \_\_\_\_\_.

(Signature of Officer)

(Signature of Branch Manager)

Name \_\_\_\_\_  
Signature No. \_\_\_\_\_

Name \_\_\_\_\_  
Signature No. \_\_\_\_\_

Date : \_\_\_\_\_  
Place : \_\_\_\_\_