



ANNEXURE - B

**APPLICATION FORM FOR LIQUIDITY MANAGEMENT  
BARODA CASH MANAGEMENT SERVICES**

CMS CUSTOMER CODE : 

(For COH use Only)

1. CMS CUSTOMER NAME : \_\_\_\_\_

2. CUSTOMER CONCENTRATION ACCOUNT : 3. FACILITY REQUIRED : SWEEPING  FUNDING 4. FREQUENCY : DAILY  WEEKLY  MONTHLY  YEARLY 

5. SWEEPING FACILITY :

SR. NO.	PARENT A/C	CONTRIBUTING A/C NO.	TARGET BALANCE	AMOUNT TO BE SWEEPED IN	MIN SWEEP AMT	MAX SWEEP AMT

6. FUNDING FACILITY :

SR.	CONTRIBUTING A/C NO.	FIXED FUNDING	PRIORITY

7. OD UTILIZATION FOR SWEEPING / FUNDING : YES NO

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 \_\_\_\_\_

Name \_\_\_\_\_

Signature No. \_\_\_\_\_ Date : \_\_\_\_\_ Place : \_\_\_\_\_ Signature No. \_\_\_\_\_