



**APPLICATION FORM FOR  
BARODA CASH MANAGEMENT SERVICES**

CMS CUSTOMER CODE :

CMS ACCOUNT NUMBER :

1. Customer Name : \_\_\_\_\_

2. Industry : \_\_\_\_\_

3. Customer Account No. ( For Availing Cms Facility) :

4. Address : \_\_\_\_\_

Registered Office	Corporate Office	Mailing
PIN _____	PIN _____	PIN _____

Telephone: \_\_\_\_\_ (O) \_\_\_\_\_ (M)

FAX No: \_\_\_\_\_ E-mail: \_\_\_\_\_

5. PAN No:

6. TAN No:

7. Services Required

Collection	<input type="checkbox"/>	(Annexure – A To Be Attached)
Payment	<input type="checkbox"/>	(Annexure – A To Be Attached)
Liquidity Mgmt.	<input type="checkbox"/>	(Annexure – B To Be Attached)
Pdc Collection	<input type="checkbox"/>	(Annexure – C To Be Attached)
Invoice Mgmt.	<input type="checkbox"/>	(Annexure – D To Be Attached)

8. Internet Facility of Baroda Cash Management Services Required : Yes  No   
(If yes, please fill-up Annexure – E for user creation and transactional functionalities for Corporate Administrator and Corporate User)

9. Enrichment/Additional Details:

Sr.No.	Collection	Payment
1		
2		
3		
4		
5		

