



बैंक ऑफ़ बड़ौदा **Bank of Baroda**

ANNEXURE - C

**APPLICATION FORM FOR AVAILING PDC MANAGEMENT  
BARODA CASH MANAGEMENT SERVICES**

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

2. CMS CUSTOMER CODE :

3. BUYER'S NAME : \_\_\_\_\_

4. BUYER CODE :

5. ENRICHMENT DETAILS :

SL.NO.	FIELDS	VALUE
1		
2		
3		
4		
5		

6.PDC DETAILS:

SRL. NO	INSTRUMENT NO.	DRAWEE BANK & BRANCH	PDC DATE	PDC AMOUNT	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10			TOTAL		

CUSTOMER REFERENCE NO. (If any) \_\_\_\_\_

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

Seal

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

(For CMS branch Use)

Signature of Authorised Signatory

Received by \_\_\_\_\_

Signature of Officer \_\_\_\_\_

Name \_\_\_\_\_

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

Date \_\_\_\_\_