



BANK OF BARODA
INDIA'S INTERNATIONAL BANK

**APPLICATION FORM FOR
BARODA CASH MANAGEMENT SERVICES**

(For Office User Only)

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. : _____

EMAIL : _____

5. PAN NUMBER :

6. TAN NUMBER :

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. Whether Guaranteed Credit Required : Yes No

9. 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)

10. Enrichment/Additional Details :

SR.NO.	COLLECTION	PAYMENT
1		
2		
3		
4		
5		

11. Details of Contact Person for Baroda Cash Management Services :

Name _____
 Designation _____
 Contact Numbers _____
 Email _____

List of documents to be enclosed :

- Board resolution for availing Baroda Cash Management Services.
- List of signatories who are authorized to give instructions to the bank for operating the services.

Terms and Conditions:

The above services are demand facilities subject to our ongoing review and the terms and conditions, pricing etc. may be modified or services restored without notice at the bank's absolute discretion.

Terms and conditions to the account opened on ----- are applicable to CMS facility.

Signature of Authorised Signatory



1) Signature _____
Name of Signatory _____
Designation _____

2) Signature _____
Name of Signatory _____
Designation _____

3) Signature _____
Name of Signatory _____
Designation _____

4) Signature _____
Name of Signatory _____
Designation _____

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We certify that we have verified all the details and the signatures of the authorized signatories of M/S _____ and attached all the relevant annexures.

a) Limit Sanctioned for Local Clearing Guaranteed Credit Product (DAUE) _____

b) Limit Sanctioned for Upcountry Clearing Guaranteed Credit Product [Bills Purchased – (Cheques)] _____

TOTAL Limit Sanctioned for Guaranteed Credit Facility _____

Existing Overdraft facility (if CMS facility is extended to CC/OD A/c) Limit _____

Pricing (Services-wise) Details (Annexure attached) _____

(Signature of Officer)
Name _____
Signature No. _____

(Signature of Branch Manager)
Name _____
Signature No. _____

Date :

Place :
