

## **Basic Information**

Bank Name:	Bank O	f Indi	a	
Branch Name:				
Customer Name:				
Mobile Number:				
Cheque Details for PPS				
15 Digit BOI Account Number				
Cheque / Instrument Number				
Cheque / Instrument Date				
Cheque / Instrument Amount				
Payee Name / Favouring				
Remarks if any.				
Place: Date:		1. 2. 3. 4.	Authorized Signature of Customer	
Official Use:				
✓ Signature of Authorised Official Verifying the PPS Details and Entering in Finacle			✓ Signature of Authorised Official Verifying Finacle:	in
Name:			Name:	
PF Id:			PF Id:	
Designation:			Designation:	

## **DECLARATIONS ON POSITIVE PAY SYSTEM FOR CHEQUE PAYMENTS**

- 1. I/We understand and agree that if the details provided by me/us in Positive Pay System/to the Bank do not match with the same details mentioned on the corresponding cheque(s) drawn/issued by me/us, the particular cheque(s) shall be returned unpaid by the Bank at the Bank's sole discretion and I/We wouldn't have any dispute/claim against the Bank in respect of such dishonor of the cheque(s).
- 2. I/We agree and confirm that the cheque details collected from me/us will be transmitted/stored in Bank's database as well as in National Payments Corporation of India (NPCI) database/transmitted by NPCI to the cheque presenting Bank and I/We agree and confirm that such storing/transmission of my/our confidential data will not constitute infringement of my/our right to privacy and data protection under IT Act any other applicable rules/regulations.
- 3. I/We agree and confirm that I/We while sending the PPS instructions shall ensure the availability of requisite funds in my/our designated Account, from which the amount shall be debited on payment of the relative cheque.
- **4.** I/We acknowledge and agree that provision of details of cheque(s) issued in Positive Pay System shall not constitute any rights on me/us to get the relative cheque(s) paid and all existing laws and rules governing payment of cheque(s) as prevailing will determine the payment or otherwise of the cheque concerned.

Place:	Authorized Signature of (	Customer
Place: Date:		
	1.	
	2.	
	3.	
	4.	
	5.	

Authorized Signature of Customer