

OPTION FORM TO CHANGE SALARY-LINKED BANK ACCOUNT

1. Name of the Employee :

[As appears in the Bank Account]

2. Designation :

3. Name of the Department :

4. HRMS ID :

5. Personal Contact No:

Office Tel. No:

Ext :

6. Employee's GPF A/c No.

7. Particulars of the Existing Bank Account:

(a) Name of the Bank:

(b) Name of the Branch:

(c) Account Number :																	
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8. Particulars of the New Bank Account:

(a) Name of the Bank:

(b) Name of the Branch:

Address

Telephone No. [If available]

(c) IFSC Code														
(d) 9-digit MICR Code														
(e) Account Type :														
(f) Account Number :														

[The bank account may be in 'Single Name', 'Joint Name', and in 'Former or Survivor' or 'Either or Survivor' mode. But the First Name should be the employee's name. [Please attach a blank cancelled cheque or photocopy of a cheque for verification of the above particulars.]

10. Reasons for changing the salary Account :

I hereby declare that the particulars given above are correct and complete. I further declare that the credit given by the bank to my account as stated above shall be treated as legal quittance for the amount of my salary.

Encl: No-Objection/ No Liability Certificate of the Bank or None of these (strike out which is not applicable)

Date:

Signature of the Employee

No.

Date :

Particulars as stated above were verified by me and the concerned employee may be allowed to change his salary-linked bank account.

Name of the Officer:

Signature of Head of Office:

Designation :