

(Retirees who opt to open Savings Bank A/c in the Core Banking Facility Banks may download this form fill it and get sign from the Bank Branch Manager and send to the under mentioned address)

Medical No :
CPF No :

**FORMAT**  
**E- PAYMENT DETAILS**

1. Name of the Individual ::
2. Bank A/C No. ::
3. Name of the Bank ::
4. Name of the Branch ::
5. Branch Code No. ::
6. IFSC Code ( For / NEFT  
RTGS Payment ) ::

**SIGNATURE OF THE INDIVIDUAL**



**SIGNATURE**  
**(BANK BRANCH MANAGER)**

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To

The Chief Manager (Pers.)  
Welfare & Amenities Department  
Public Relations Building  
Block-2, NLC Ltd.  
Neyveli 607 801

From