YES BANK

Cash Management Services

(Standard Services Set up Form)

YES TRANSACT

DATE: DD MM YYYY

Business Segment ☐ BRB ☐ MIB ☐ SEB Others (Specify) ☐

1. ENTITY DETAILS *(Please use CAPITAL Letters, all communication will be sent to the address mentioned in banks records)*

ENTITY NAME: VILLA ORCHIDS LLP

Entity Cust ID: | MOBILE No:

E-MAIL: [illegible]@nirodiproperties.com

2. Payments Services (Two factor authentication is mandatory) ☐ View Only Access *(Fill below details only if Transaction Access required)*

☑ Corporate Net Banking	☑ Tax Payment	☑ EPI	☑ Bill Payment	Beneficiary Advice (Standard)	☑ Yes
☑ Smart Trade *(Trade on Net ➡ IEC Code for Trade Clients)*		☐	West Region : Yes Bank House, Mumbai (DL_digitalcsdmumbai@yesbank.in) Select for Maharashtra, Gujarat and Goa	BR. Code 1194	
		☐	Other Regions : Mount Road, Tamilnadu (DigitalCSD@yesbank.in)	BR. Code 925	
☑ Smart Collect ➡ E-Mail id				◉ enable e-mail alerts	

3. Account Mapping

A/C 1	0	0	9	7	6	3	7	0	0	0	0	1	7	3	0
A/C 2															
A/C 3															
A/C 4															
A/C 5															

For VILLA ORCHIDS LLP Designated Partner

4. User Registration Matrix * Self auth only applicable for makers for payment setups only .Makers with self auth access can approve their own transactions

User Name	Role (Maker, Checker View ,Verifier)	Mobile No (Unique for each user)	E-Mail Id (Unique for each user)	Authorization Limits	Self Auth (Y/N)
NAGAMAILMD		9705337842	nagamalleshwara@nirodipropertiles.com		

24*7 Transaction Limit: Default Limit Will be Applicable

5. Pricing

One time set chages

I/We authorize you to debit above charges from my/our A/c No.

Txn	RTGS	NEFT	IMPS <1000	1000 <25000	>25000	Bill Registration	Bill Pay
₹ /txn	1.8	0.5	1	4	6.5	15	3

Do not mention Nodal/Escrow a/c for charge debit,until agreed with client as per requisite agreement etc.
If not mentioned above explicitly, A/c 1 in Account Mapping will be considered for debit as applicable.

Name of Authorized Signatory 1	Name of Authorized Signatory 2	Name of Authorized Signatory 3	Name of Authorized Signatory 4

For VILLA ORCHIDS LLP

Designated Partner

Signature and Stamp of Authorized Signatory 1 | Signature and Stamp of Authorized Signatory 2 | Signature and Stamp of Authorized Signatory 3 | Signature and Stamp of Authorized Signatory 4

FOR OFFICE USE ONLY :

We, undersigned hereby confirm that above facilities offered, are assessed for the said customer & confirm that the customer is eligible for the above facilities

	Name	Emp ID /Branch Code	Emp E- Mail /CORPDESK DL Email Id	Signature
PSM				
RM				
Branch				

To be signed by PRM/RM/Branch