

YES BANK

Cash Management Services

(Standard Services Set up Form)

YES TRANSACT

DATE: DD MM YYYY

Business Segment

☐ BRB☐ MIB☐ SEBOthers
(Specify) ☐

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

ENTITY NAME	EAST SIDE RESIDENCY ANNOJIGUDA LLP															
Entity Cust ID											MOBILE No					
E-MAIL	e banking@annojiguda.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	2	3	9	11
A/C 2															
A/C 3															
A/C 4															
A/C 5															

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)
NAGAMALMO		9405337842	nagamalleshwar@annojiguda.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 EAST SIDE RESIDENCY ANNOJIGUDA LLP			
Signature and Stamp of Authorized Signatory 1 Designated Partner	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			