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: SUMMIT SALES LLP - INVESTMENT A/c

Entity Cust ID: | | | | | | | | | | | | | | MOBILE No: | | | | | | | | | | |

E-MAIL: E baulcing@modipropertiles.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	1	0	7	0	6	3	7	0	0	0	0	0	0	5	4
A/C 2														
A/C 3														
A/C 4														
A/C 5														

For Summit Sales LLP Investments

Authorised Signatory

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)
RUMMINIMOD		9182853313	ruminimo@modipropertiles.com		

24*7 Transaction Limit: Default Limit Will be Applicable

5. Pricing

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

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

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
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 Summit Sales LLP Investments

Authorised Signatory

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 Partner/Director