

20092019  
 D O W N T O U P  
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 डाउन टोप

Pay **You Self**

and Rupees **Fifteen thousand five hundred**  
~~eighty five only~~

₹ 15,585/-

50390147010

*Sanjib Das*

**DR. SANJIB DAS**

*3142853*

13310A000

⑆015597⑆ 700010154⑆ 001473⑆ 31

Address: 138/9 DHARMATALA ROAD POLPS  
 BUDGE BUDGE KOLKATA-700187  
 Mobile/Other Number: 9836345674

**DETAILS OF BENEFICIARY**

Beneficiary's Name: HBNRA AUTHORITY FUND  
 Account Number: 37809721103  
 Branch/Office Account No: 37809721103  
 Code Name: STATE BANK OF INDIA  
 IFSC Code (11 digits): SBIN0014524  
 Branch Address: SAMRIDHI BHAVAN 4TH FLOOR 1  
 STRAND ROAD KOLKATA-700003

**Terms & Conditions**

- Beneficiary is liable to sign instruction
- Transfer of funds shall be governed by the Terms and Conditions given as per website www.sbi.co.uk
- Beneficiary shall be liable to beneficiary account number & PIN code
- Transfer of amount shall be in INR amount, irrespective of any fee facility
- Beneficiary shall be liable to provide remittance for any interest done
- Beneficiary shall be liable to provide details of bank name, branch name, account number, IFSC code, and other details as per instruction
- Beneficiary shall be liable to provide details of bank name, branch name, account number, IFSC code, and other details as per instruction

**Declaration**

- I hereby declare that I am the beneficiary of the account number mentioned above and I have authorized the bank to debit the account number mentioned above for the purpose of the transfer of funds to the beneficiary account number mentioned above.
- I hereby declare that I am the beneficiary of the account number mentioned above and I have authorized the bank to debit the account number mentioned above for the purpose of the transfer of funds to the beneficiary account number mentioned above.
- I hereby declare that I am the beneficiary of the account number mentioned above and I have authorized the bank to debit the account number mentioned above for the purpose of the transfer of funds to the beneficiary account number mentioned above.

**Customer Signature(s)**

*Sanjib Das*  
**SANJIB DAS**  
 (Primary Account)

(Joint Account 1)

(Joint Account 2)