## **BEST FINANCE COMPANY LTD.**



## NCHL - IPS Direct Credit Form

Best Financ	e Comp	any Limite	ed									
	•••••	Brar	nch							Date		
Dear Sir/ M I/we hereby		t you to ex	ecute 1	the pa	yment as pe	er details m	nention	ed below.				
Purpose of F	Fund Tra	ınsfer										
Customer T	ransfer	Remittar	ice	Fee	Insurance	lnstal	lment	Credit Card	d Sal	ary Corporate	Salary	Others
End to End ID						Other In	formatio	on				
Beneficiany'	s Inform	nation:										
Name :												
Bank:		Branch										
A/c No:												
Applicant In	formatio	on:										
Name :												
A/c No:									Currency			
Branch								Amount	in figure			
Amount in words												
Contact	Addre	255										
Detail	Tel No				_ Mob No: _				Address			
I/we authorize y	ou to deb	it my/our acc	ount for e	executin	g the payment	and bank char	ge of Rs					
Bank's Charge is	s in additio	n to the abov	e payme	nt.								
Authorized signature		A	Authorized signature				Company Stamp					
						For Bank us	se only					
		_			_	David 1	Date	-				A
Received by						Received	₽ate					Apporved By