



**APPLICATION FORM FOR  
BARODA CASH MANAGEMENT SERVICES**

CMS CUSTOMER CODE :

CMS ACCOUNT NUMBER :

1. Customer Name : \_\_\_\_\_

2. Industry : \_\_\_\_\_

3. Customer Account No. ( For Availing Cms Facility) :

4. Address : \_\_\_\_\_

Registered Office	Corporate Office	Mailing
PIN _____	PIN _____	PIN _____

Telephone: \_\_\_\_\_ (O) \_\_\_\_\_ (M)

FAX No: \_\_\_\_\_ E-mail: \_\_\_\_\_

5. PAN No:

6. TAN No:

7. Services Required

Collection	<input type="checkbox"/>	(Annexure – A To Be Attached)
Payment	<input type="checkbox"/>	(Annexure – A To Be Attached)
Liquidity Mgmt.	<input type="checkbox"/>	(Annexure – B To Be Attached)
Pdc Collection	<input type="checkbox"/>	(Annexure – C To Be Attached)
Invoice Mgmt.	<input type="checkbox"/>	(Annexure – D To Be Attached)

8. Internet Facility of Baroda Cash Management Services Required : Yes  No

(If yes, please fill-up Annexure – E for user creation and transactional functionalities for Corporate Administrator and Corporate User)

9. Enrichment/Additional Details:

Sr.No.	Collection	Payment
1		
2		
3		
4		
5		

**10. Details of Contact Person for Baroda Cash Management Services :**

Name  
Designation  
Contact Numbers  
Email

**List of documents to be enclosed :**

- 1. Board resolution for availing Baroda Cash Management Services.
- 2. List of signatories who are authorized to give instructions to the bank for operating the services.

**Terms and Conditions:**

The above services are demand facilities subject to our ongoing review and the terms and conditions, pricing etc. may be modified or services restored without notice at the bank's absolute discretion.

Terms and conditions to the account opened on \_\_\_\_\_ are applicable to CMS facility.

Signature of Authorised Signatory

- 1) Signature \_\_\_\_\_  
Name of Signatory \_\_\_\_\_  
Designation \_\_\_\_\_
- 2) Signature \_\_\_\_\_  
Name of Signatory \_\_\_\_\_  
Designation \_\_\_\_\_
- 3) Signature \_\_\_\_\_  
Name of Signatory \_\_\_\_\_  
Designation \_\_\_\_\_
- 4) Signature \_\_\_\_\_  
Name of Signatory \_\_\_\_\_  
Designation \_\_\_\_\_

(FOR CMS BRANCH USE ONLY)

We certify that we have verified all the details and the signatures of the authorized signatories of M/S \_\_\_\_\_ and attached all the relevant annexures.

Existing Overdraft facility (if CMS facility is extended to CC/OD A/c) Limit \_\_\_\_\_

Pricing (Services-wise) Details (Annexure attached) \_\_\_\_\_

(Signature of Officer)

(Signature of Branch Manager)

Name \_\_\_\_\_

Name \_\_\_\_\_

Signature No. \_\_\_\_\_

Signature No. \_\_\_\_\_

Date :

Place :