



DD/PO APPLICATION FORM
SUMITOMO MITSUI
BANKING CORPORATION

BRANCH _____

20 _____

NAME OF APPLICANT _____

AMOUNT (IN WORDS) _____

	Rs.		P.
AMOUNT			
EXCHANGE			
Pocket Exp.%			
TOTAL			

CASHIER / ACCOUNTANT _____



SUMITOMO MITSUI
BANKING CORPORATION

DEMAND DRAFT / PAY ORDER APPLICATION FORM

PLEASE ISSUE A DEMAND DRAFT PAY ORDER

DD/PO Number

BRANCH _____

Against/Cash/Cheque/Debit My A/c No. _____

"Debit My/Our Account No. with your charges.

	Rs.	P.	PAYEE'S NAME	AMOUNT	Rs.	P.
CHEQUE No.						
CASH						
X 2000						
X 1000			AMOUNT (IN WORDS)	EXCHANGE		
X 500				Out of Pocket Expn.		
X 200			PAYABLE AT	TOTAL		
X 100			SIGNATURE OF APPLICANT	NAME & ADDRESS OF APPLICANT :		
X 50				MOBILE / TELEPHONE :		
X 20			PAN NO.	EMAIL :		
X 10				FOR BRANCH USE ONLY		
X 5			CREDIT : BILLS PAYABLE A/C. DD/PO ISSUED			
X 2			₹ _____ (Rupees/in words) _____			
X 1			_____ AUTHORIZED SIGNATORY/IES			
COINS			Acknowledgment from the Customer after receipt of the instrument _____			
TOTAL						