

Gujarat State Financial Services Ltd.

B-Wing, 3rd Floor, Khanij Bhavan, 132 ft² Ring Road, Nr. University Ground, Vastrapur, Ahmedabad - 380 052

APPLICATION FORM FOR ICD REPAYMENT/RENEWAL

Date: _____

Name of Company: _____

For below mentioned Inter-Corporate Deposits (ICDs), you are requested to take necessary action as below:

Sr. No.	ICD No.	Repayment Instructions			Renewal Instructions		Any other instructions
		Tick Relevant Option (✓)		Repayment Amount	Renewal Amount	Renew Period	
		On Maturity	Pre-mature				
1							
2							
3							
4							
5							
6							
7							
8							
Total							

(Please attach separate sheet or add row if required)

Bank Details for repayment through RTGS/NEFT (*only verified bank accounts submitted with GSFS)

You are requested to credit fund in below Bank account

Bank Name: _____ Bank A/c No: _____

IFSC Code: _____ Account Name: _____

* If RTGS/NEFT is required in new Bank A/c, submit the Bank Verification Documents along with this form.

Yours Faithfully,

For

Authorized Signatories Signature
(Please affix rubber stamp of entity)