



EASTERN POWER DISTRIBUTION COMPANY OF AP LTD

(Regd. No. 01-34117)

VISAKHAPATNAM

COPORATE OFFICE :TPT COLONY: SEETHAMMADHARA,VISAKAPATNAM

From
Accounts Officer (CPR),
Corporate Office,
APEPDCL,
VISAKHAPATNAM.

To

Lr.No.CGM (Expr.)/PO/AO (CPR)/JAO (CASH)/D.No. /2009, DT . .2009.

Sir,

**SUB: - APEPDCL – Bill Payments through RTGS/IFSC – RTGS/IFSC Bank Details
Requesting – Regarding.**

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The Management of EPDCL has decided to stop cheque payments and make all the payments through RTGS/IFSC only with effect from 01.01.09.

In this connection all the Suppliers/Contractors are requested to arrange the RTGS/IFSC so as to make all the payments promptly through RTGS/IFSC only. A Copy of the RTGS/IFSC format is enclosed herewith.

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5/1/09

Encl: - As above

Yours faithfully


Accounts Officer,

APEPDCL: Corporate Office,
VISAKHAPATNAM

Andhra Pradesh Eastern Power Distribution Corporation Ltd

Payments to Vendors/Suppliers/Contractors/Staff

Bank Mandate Form for receiving funds through e-Remittance System

Vendor/Supplier/Contractor/Staff Details:

- i) Operations Circle Name:
- ii) Division Name:
- iii) Circle Name:
- iv) Vendor/Supplier/Contractor/Staff ID:
- v) Employee/Firm Name:
- vi) Correspondence Address:
- vii) Alternate Address:
- viii) Name of the Person:
- ix) Contact Nos:
 - Land Line:
 - Fax:
 - Mobile:

Bank Account Details:

- i) Name of the Bank:
- ii) Name of the Branch:
- iii) Location (City/Town)

- iv) Bank Branch Code:
- v) Bank Account No:
- vi) Bank Account Type: CA/SB/CC:
- vii) Bank Account Name:
- viii) Branch MICR Code:
- ix) IFSC Code:
- x) Branch Address:
- xi) Branch Contact Nos:

Land Line:

Fax:

We hereby Undertake to bear the risk and cost of transfer charges to our account only.

Date:

**Signature of Employee/Authorised Signatory
(Alongwith Seal of the Firm)**

Signature of the Bank Branch Manager