

**GSTIN Linking Format**

**Branch:**

**Date:**

To,

Branch Manager,

\_\_\_\_\_\_\_\_\_ Branch

Bank of Maharashtra

Sub- Regarding registration of GSTIN (Goods and Service Tax Identification Number)

Sir,

Our Organization have following accounts in your Bank. We request you to register below mentioned GSTIN against these accounts:-

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S. No.** | **Name of Organisation** | **Account Number** | **GSTIN** | **State** | **Address** |
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Regards

Authorised Signatory