

APPLICATION FORM FOR PURCHASE OF VEHICLE BEARING
REGISTRATION NUMBER-

TO
The Zonal Manager
GAD Department
Bank of Maharashtra
Navi Mumbai Zone

Sir,

With reference to your advertisement in _____ Paper dtd _____ for sake of the above
vehicle, I submit my application as under.

| | | |
|---|--|--|
| 1 | Name of the Applicant | |
| 2 | Address for communication(address proof copy to be enclosed) | |
| 3 | Telephone/Mobile Number | |
| 4 | (EMD) Particular | Bank Name DD No Dtd Of Rs 10000.00 Favouring Bank of Maharashtra Payable at Mumbai |
| 5 | Details of Bank(For refund of EMD) | Name of the beneficiary Name of the Bank A/C NO IFSC Code No |
| 6 | Purchase price offered (Furnish in figure and words) (In Rupees) GST@12% Applicable | In Figures In words GST Total |

I am aware of the terms and conditions of the Application and submit my unconditional acceptance.

Place
Date

Signature

