

CCMS APPLICATION

For Bank's use

Customer Code : _____
 Limit Sanctioned by : _____
 Sanction Ref No. : _____
 Dated : _____
 CCMS Exposure limit : _____
 Agreement No. : _____
 Dated : _____
 Review Date : _____
 Renewal Date : _____

Partial recoveries of returned amount allowed
 ? : Yes No

Withhold credit till dues are recovered ? : Yes No

Customer Name : _____
 Address : _____
 Product : LCC UCC
 Limit Required : _____
 Service Commencement Date : _____
 Service Expiry Date : _____

For UCC

- i) Day-One Definition (BASE Day)**
D- Date of Deposit _____
I- Instrument date _____
S- Despatch date _____
- ii) Proceeds to be created**
a) Date of
i) Deposit : _____ days from the day-one (BASE Day)
Instrument
ii) date : _____ days from the day-one (BASE Day)
b) Holiday
I- TO BE INCLUDED
 TO BE
E-EXCLUDED

For LCC

- i) Day-One Definition (BASE Day)**
D-Date of Deposit _____
 Date of Presentation in _____
P-Clearing _____
 Date of Credit @ Clearing _____
C-House _____
I- Instrument date _____
S-Despatch date _____
- ii) Proceeds to be created**
a) Proceeds to be credited on _____ day from Base day.
b) Holidays
I- TO BE INCLUDED
 TO BE
E-EXCLUDED

Restricted to RBI Clearing : Yes No
 Restricted to Inter Bank Clearing : Yes No
 Restricted to High Value clearing : Yes No

For Upcountry collections

| | | | |
|---|---|------------------------------|-----------------------------|
| Pick up of Cheques by Bank | : | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Forwarding(Covering) Schedule preparation by Customer | : | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Despatch by Customer | : | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Separate Forwarding(Covering) Schedule | : | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Interest to be charged if realisation is delayed beyond | : | _____ days | |
| Interest to be charged if Returns is delayed beyond (if the Drawee centre is outside the network) | : | _____ days | |
| Reversal(Re-presentation) to collection required | : | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Reversal(Re-presentation to collection after no. of days from Day-one(BASE day) | : | _____ days | |

LOCATION REQUIRED (Pick up Location for UCC)

| Sl.No | Location |
|--------------|-----------------|
| | |

LOCATION WISE ARRANGEMENTS - UCC/LCC

| Sl.No | Location | Arrangement (days) |
|--------------|-----------------|---------------------------|
| | | |

POOLING (CREDITING) INSTRUCTIONS

| Sl.No | Pooling A/c No. & Type | Bank / Branch | Mode of Pooling A/c trf/PO/DD | Pooling % | Pooling Slab | Min Amount |
|--------------|-----------------------------------|----------------------|--------------------------------------|------------------|---------------------|-------------------|
| | | | | | | |

LOCATION WISE POOLING

| Sl.No | Collection | Location | Use Pooling Serial No |
|--------------|-------------------|-----------------|------------------------------|
| | | | |

CUSTOMER MIS INFORMATION DETAILS REQUIRED

| | Required on Request | Mandatory | Required at Deposit Slip/instrument level (D/I) |
|-----------------------|--|--|--|
| Customer Division * | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | — |
| Customer Hierarchy ** | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | D |
| Instrument Details | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | NA |
| Drawer Required | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | I |
| Additional Info | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | NA |
| Sub Customer | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | — |

ADDITIONAL INFORMATION REQUIRED

| Sl.No | Deposit Slip / Instrument Level (D/I) | Information Legend (particulars required) | Size of Info (No. of Characters) | Type of Info T-Text; I-Integer; D-Date; A-Amount | Mandatory |
|--------------|--|--|---|---|------------------|
| | | | | | |

CUSTOMER REPORT

Nil Report required

: Yes No

Report Mode

: Fax E-Mail Floppy**RETURNED INSTRUMENTS**

Treatment of Physical Returned Instruments

- : Send to Customer
 Send to specified Hierarchy* of Customer (* RO/DO etc)
 Send/Return to Depositor
 Others _____

Return cheques to Address(Hierarchy)

: _____

Return cheque to Others(Address)

: _____

Recover Returned Amount from

- : Out of Collections
 Out of Collections from Division Level
 Out of Collections from Hierarchy Level (RO/DO etc.)
 Out of Pooling to Location
 Separate Payment by Customer by cheque/PO/DD

RETURNED INSTRUMENTS (continued)

Send Return Information to : Customer
 Division of Customer
 Hierarchy of Customer (RO/DO etc.)
 Depositor
 Others

Send Return Information to (Address) :

Recover, Return Reason Specific charges : Yes No

Customer Signature

Designation :

Date :

- i) Separate division of the business group
- ii) Branch Office/Divisional Office/Regional Office etc.
