

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.
