To

NTPC-SAIL POWER COMPANY PRIVATE LIMITED
(A Joint Venture of NTPC &SAIL)
CPP-II, ADMINISTRATIVE BUILDING,
SAIL\_RSP COMPLEX
ROURKELA-769011
Dist.: Sundargarh

(ODISHA)

Dear Sir,

Ref: <u>AUTHORISATION OF ALL OUR PAYMENTS THROUGH ELECTRONIC FUND TRANSFER SYSTEM</u>

I/We hereby authorize NTPC SAIL POWER CO.PVT.LTD to make all my/our payments through Electronic Fund Transfer System. The details for facilitating the payments are given below:-

(FILL																									
NAI	MEO	FTHE	BE	NEF	ICIA	RY												_							
ADI	DRE	SS																							
			Т	T	T	Т		T	T	Т		T		T	T	П			T	1	T	T	T		
+			$\forall$		+		+		+				+	+				1	+	+	+	+	+	+	
PIN	CC	DE					+	+	$\top$					+				+	+	+	+		1		+
							_			_					-										
TEI	FPH	ONE	NO	wit	HS	TD	COD	E)																	
T			10.	<u> </u>					П			T			Т	T					T		T		Т
																		_		_					
RAI	NIK D	ARTI	CLII	۸D	9																				
				AK	3																				
BAI														_				_							
	NIC IV	AME																							
	N/X IV	AIVIE															_	-						_	_
	NK N	AIVIE																							
		TEL		ноі	NE I	10(	WIT	'H S	STD	col	DE)														
				НОІ	NE I	NO(	WIT	'H S	STD	CO		ZNK	BRA	NCI	НАГ	DDRI	FSS								
				НОІ	NE I	NO(	WIT	TH S	STD	COI		ANK	BRA	NCI	HAD	DDRI	ESS								
				НОІ	NE I	NO(	WIT	TH S	STD	COI		ANK	BRA	NCI	HAE	DDRI	ESS								
				НОІ	NE I	NO(	WIT	TH S	STD	col		ANK	BRA	NCI	HAE	DDRI	ESS								
				HOI	NE I	NO()	WIT	TH S	STD	COI		ANK	BRA	NCI	HAE	DDRI	ESS								
BAI	NK'S	TEL		НОІ	NE II	NO(	WIT	TH S	STD	col		ANK	BRA	NCF	H AC	DDRI	ESS								
BAI		TEL		HOI	NE I	NO(	WIT	TH S	STD	CO		ANK	BRA	NCF	HAC	DDRI	ESS								
BAI	NK'S	TEL		НОІ	NE N	NO(	WIT	TH S	STD	COI	BA														
BAI	NK'S	TEL		HOI	NE I	NO(	wit	TH S	STD	CO	BA						ESS	DCC	DDE)						
BAI	NK'S	TEL		НОІ	NE I	NO()	WIT	TH S	STD	COI	BA							DCC	DDE)						
BAI	NK'S	DDE	EP	HOI	NE I	NO(	WIT	TH S	STD	COI	BA							Doco	DDE)						
BAI	NK'S	TEL	EP	HOI	NE I	NO(	WIT	TH S	STD	CO	BA							DCC	DDE)						
BAI	NK'S	DDE	EP	HOI	NE I	NO(	wit	TH S	STD	CO	BA							DCC	DDE)						

BANK ACCOUNT TYPE (TICK Only One)  SAVING CURRENT LOAN CASHCREDIT OTHERS  OTHERS PLEASESPECIFY  PERMANENT ACCOUNT NUMBER(PAN) (PLEASE ENCLOSE A SELF ATTESTED COPY)  E-MAIL ADDRESS (FOR INTIMATION REGARDING RELEASE OF PAYMENTS)  We hereby declare that the particulars given above are correct and complete, if any transaction delayed or credited is not effected at all for reasons of incomplete information, I/We would not did the company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  Authorized Signatory  Authorized Signatory  Authorized Signatory  Authorization No  NAME:	BANK ACCOUNT TYPE (TICK Only One)  SAVING CURRENT LOAN CASHCREDIT OTHER  OTHERS PLEASE SPECIFY  PERMANENT ACCOUNT NUMBER (PAN) (PLEASE ENCLOSE A SELF ATTESTED COPY)  E-MAIL ADDRESS (FOR INTIMATION REGARDING RELEASE OF PAYMENTS)  We hereby declare that the particulars given above are correct and complete, if any transact delayed or credited is not effected at all for reasons of incomplete information, I/We would in the company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  TE  Authorized Signatory  Authorized Signatory  Authorized Signatory  Authorization No																			
BANK ACCOUNT TYPE (TICK Only One)  SAVING CURRENT LOAN CASHCREDIT OTHERS  OTHERS PLEASE SPECIFY  DEFINATION REGARDING RELEASE OF PAYMENTS)  We hereby declare that the particulars given above are correct and complete, if any transaction relayed or credited is not effected at all for reasons of incomplete information, I/We would not did the company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  The Certification (OFFICE STAMP)  So certified that above mentioned beneficiary holds a Bank Account No	BANK ACCOUNT TYPE (TICK Only One)  SAVING CURRENT LOAN CASHCREDIT OTHER  DITHERS PLEASE SPECIFY  PERMANENT ACCOUNT NUMBER(PAN) (PLEASE ENCLOSE A SELF ATTESTED COPY)  E-MAIL ADDRESS (FOR INTIMATION REGARDING RELEASE OF PAYMENTS)  We hereby declare that the particulars given above are correct and complete, if any transact lelayed or credited is not effected at all for reasons of incomplete information, I/We would in the company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  TE  Authorized Signatory  Authorization No																			
DTHERS PLEASE SPECIFY  PERMANENT ACCOUNT NUMBER(PAN) (PLEASE ENCLOSE A SELF ATTESTED COPY)  E-MAIL ADDRESS (FOR INTIMATION REGARDING RELEASE OF PAYMENTS)  The hereby declare that the particulars given above are correct and complete, if any transaction elayed or credited is not effected at all for reasons of incomplete information, I/We would not dit the company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  INIM Certification  (OFFICE STAMP)  So certified that above mentioned beneficiary holds a Bank Account No	CURRENT LOAN CASHCREDIT OTHER  DTHERS PLEASE SPECIFY  PERMANENT ACCOUNT NUMBER(PAN) (PLEASE ENCLOSE A SELF ATTESTED COPY)  E-MAIL ADDRESS (FOR INTIMATION REGARDING RELEASE OF PAYMENTS)  We hereby declare that the particulars given above are correct and complete, if any transact elayed or credited is not effected at all for reasons of incomplete information, I/We would in the company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  INK Certification  (OFFICE STAMP)  So certified that above mentioned beneficiary holds a Bank Account No				_							_	_			0	NT N	COU	KAC	BANK
DTHERS PLEASESPECIFY  PERMANENT ACCOUNT NUMBER(PAN) (PLEASE ENCLOSE A SELF ATTESTED COPY)  E-MAIL ADDRESS (FOR INTIMATION REGARDING RELEASE OF PAYMENTS)  The hereby declare that the particulars given above are correct and complete, if any transaction elayed or credited is not effected at all for reasons of incomplete information, I/We would not dit the company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  The particulars mentioned above are correct.  Signature  E  Authorized Signatory	DTHERS PLEASESPECIFY  PERMANENT ACCOUNT NUMBER(PAN) (PLEASE ENCLOSE A SELF ATTESTED COPY)  E-MAIL ADDRESS (FOR INTIMATION REGARDING RELEASE OF PAYMENTS)  The hereby declare that the particulars given above are correct and complete, if any transactelayed or credited is not effected at all for reasons of incomplete information, I/We would in the company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  The certification  (OFFICE STAMP)  Signature  Authorized Signatory  Authorized Signatory  Authorized Signatory  Authorized Signatory  Authorized Signatory  Authorization No																			
DTHERS PLEASESPECIFY  PERMANENT ACCOUNT NUMBER(PAN) (PLEASE ENCLOSE A SELF ATTESTED COPY)  E-MAIL ADDRESS (FOR INTIMATION REGARDING RELEASE OF PAYMENTS)  The hereby declare that the particulars given above are correct and complete, if any transaction elayed or credited is not effected at all for reasons of incomplete information, I/We would not dit the company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  The particulars mentioned above are correct.  Signature  E  Authorized Signatory	DTHERS PLEASESPECIFY  PERMANENT ACCOUNT NUMBER(PAN) (PLEASE ENCLOSE A SELF ATTESTED COPY)  E-MAIL ADDRESS (FOR INTIMATION REGARDING RELEASE OF PAYMENTS)  The hereby declare that the particulars given above are correct and complete, if any transactelayed or credited is not effected at all for reasons of incomplete information, I/We would in the company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  The certification  (OFFICE STAMP)  Signature  Authorized Signatory  Authorized Signatory  Authorized Signatory  Authorized Signatory  Authorized Signatory  Authorization No											- \			· /TIC	TVDE	INIT	0001	II. A.	
ERMANENT ACCOUNT NUMBER(PAN) (PLEASE ENCLOSE A SELF ATTESTED COPY)  E-MAIL ADDRESS (FOR INTIMATION REGARDING RELEASE OF PAYMENTS)  The hereby declare that the particulars given above are correct and complete, if any transaction elayed or credited is not effected at all for reasons of incomplete information, I//We would not dit the company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  The certification (OFFICE STAMP)  So certified that above mentioned beneficiary holds a Bank Account No	ERMANENT ACCOUNT NUMBER(PAN) (PLEASE ENCLOSE A SELF ATTESTED COPY)  E-MAIL ADDRESS (FOR INTIMATION REGARDING RELEASE OF PAYMENTS)  The hereby declare that the particulars given above are correct and complete, if any transact elayed or credited is not effected at all for reasons of incomplete information, I/We would be the company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  The certification  (OFFICE STAMP)  Signature  E  Authorized Signatory  Authorization No	OTHERS		OIT	RED	HCI	AS	С		N	LOA	-	lyO				JNI			
ERMANENT ACCOUNT NUMBER(PAN) (PLEASE ENCLOSE A SELF ATTESTED COPY)  E-MAIL ADDRESS (FOR INTIMATION REGARDING RELEASE OF PAYMENTS)  The hereby declare that the particulars given above are correct and complete, if any transaction elayed or credited is not effected at all for reasons of incomplete information, I/We would not do the company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  The certification  (OFFICE STAMP)  Signature  E  Authorized Signatory  Authorized Signatory  Authorized Signatory  Authorization No	ERMANENT ACCOUNT NUMBER(PAN) (PLEASE ENCLOSE A SELF ATTESTED COPY)  E-MAIL ADDRESS (FOR INTIMATION REGARDING RELEASE OF PAYMENTS)  The hereby declare that the particulars given above are correct and complete, if any transact elayed or credited is not effected at all for reasons of incomplete information, I/We would be the company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  The certified that above mentioned beneficiary holds a Bank Account No												+				-			
E-MAIL ADDRESS (FOR INTIMATION REGARDING RELEASE OF PAYMENTS)  The hereby declare that the particulars given above are correct and complete, if any transaction elayed or credited is not effected at all for reasons of incomplete information, I/We would not dithe company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  The certification  (OFFICE STAMP)  So certified that above mentioned beneficiary holds a Bank Account No	ERMANENT ACCOUNT NUMBER(PAN) (PLEASE ENCLOSE A SELF ATTESTED COPY)  E-MAIL ADDRESS (FOR INTIMATION REGARDING RELEASE OF PAYMENTS)  The hereby declare that the particulars given above are correct and complete, if any transact elayed or credited is not effected at all for reasons of incomplete information, I/We would be the company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  The certified that above mentioned beneficiary holds a Bank Account No									_										
E-MAIL ADDRESS (FOR INTIMATION REGARDING RELEASE OF PAYMENTS)  The hereby declare that the particulars given above are correct and complete, if any transaction elayed or credited is not effected at all for reasons of incomplete information, I/We would not dithe company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  The Certification  (OFFICE STAMP)  So certified that above mentioned beneficiary holds a Bank Account No	E-MAIL ADDRESS (FOR INTIMATION REGARDING RELEASE OF PAYMENTS)  The hereby declare that the particulars given above are correct and complete, if any transacted and the company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  The certification  (OFFICE STAMP)  So certified that above mentioned beneficiary holds a Bank Account No														Υ	PECIF	SES	PLEA	ERS	THE
E-MAIL ADDRESS (FOR INTIMATION REGARDING RELEASE OF PAYMENTS)  The hereby declare that the particulars given above are correct and complete, if any transaction elayed or credited is not effected at all for reasons of incomplete information, I/We would not dithe company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  The Certification  (OFFICE STAMP)  So certified that above mentioned beneficiary holds a Bank Account No	E-MAIL ADDRESS (FOR INTIMATION REGARDING RELEASE OF PAYMENTS)  The hereby declare that the particulars given above are correct and complete, if any transacted and the company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  The certification  (OFFICE STAMP)  So certified that above mentioned beneficiary holds a Bank Account No																			
E-MAIL ADDRESS (FOR INTIMATION REGARDING RELEASE OF PAYMENTS)  The hereby declare that the particulars given above are correct and complete, if any transaction elayed or credited is not effected at all for reasons of incomplete information, I/We would not dithe company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  The Certification  (OFFICE STAMP)  So certified that above mentioned beneficiary holds a Bank Account No	E-MAIL ADDRESS (FOR INTIMATION REGARDING RELEASE OF PAYMENTS)  The hereby declare that the particulars given above are correct and complete, if any transacted and the company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  The certification  (OFFICE STAMP)  So certified that above mentioned beneficiary holds a Bank Account No																			
e hereby declare that the particulars given above are correct and complete, if any transaction elayed or credited is not effected at all for reasons of incomplete information, I/We would not determine the company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  INCOMPLETED  INCOMPLET	e hereby declare that the particulars given above are correct and complete, if any transactive layed or credited is not effected at all for reasons of incomplete information, I/We would be declared the company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  (OFFICE STAMP)  Socientified that above mentioned beneficiary holds a Bank Account No	COPY)	ED C	STE	TTE	FA	SEL	EAS	LOSI	ENC	ASE	PLE	AN)	ER(F	NUM	UNT I	ссо	ENT A	VANE	ERN
e hereby declare that the particulars given above are correct and complete, if any transaction elayed or credited is not effected at all for reasons of incomplete information, I/We would not determine the company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  OFFICE STAMP)  is certified that above mentioned beneficiary holds a Bank Account No	e hereby declare that the particulars given above are correct and complete, if any transactive elayed or credited is not effected at all for reasons of incomplete information, I/We would be the company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  (OFFICE STAMP)  Signature  Authorized Signatory  Authorization No																			
elayed or credited is not effected at all for reasons of incomplete information, I/We would not detected the company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  (OFFICE STAMP)  Governified that above mentioned beneficiary holds a Bank Account No	elayed or credited is not effected at all for reasons of incomplete information, I/We would be the company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  NAME:  OFFICE STAMP)  Coertified that above mentioned beneficiary holds a Bank Account No		S)	NTS	ME	PAY	OF F	SEC	LEA	G RE	RDIN	GA	)NR	IATIO	INTII	FOR	ESS	DDRI	AILA	E-M/
elayed or credited is not effected at all for reasons of incomplete information, I/We would not detected the company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  (OFFICE STAMP)  Governified that above mentioned beneficiary holds a Bank Account No	elayed or credited is not effected at all for reasons of incomplete information, I/We would be the company responsible.  SIGNATURE  (Authorized Signatory)  NAME:  NAME:  OFFICE STAMP)  Coertified that above mentioned beneficiary holds a Bank Account No																			
nk Certification  (OFFICE STAMP)  certified that above mentioned beneficiary holds a Bank Account Nowith branch and the Bank particulars mentioned above are correct.  Signature  Authorized Signatory Authorization No	NAME:    NAME:	tion, i/vve would no	matio												ot ef	is n	dite	or cre	yed c	elay
nk Certification  (OFFICE STAMP)  certified that above mentioned beneficiary holds a Bank Account Nowith branch and the Bank particulars mentioned above are correct.  Signature  Authorized Signatory Authorization No	nk Certification  (OFFICE STAMP)  s certified that above mentioned beneficiary holds a Bank Account Nowith branch and the Bank particulars mentioned above are correct.  Signature  E  Authorized Signatory Authorization No	tion, i/vve would no		forn	e inf	lete									ot ef	is n	dite	or cre	yed c	elay
s certified that above mentioned beneficiary holds a Bank Account Nowith branch and the Bank particulars mentioned above are correct.  Signature  Authorized Signatory Authorization No	s certified that above mentioned beneficiary holds a Bank Account Nowith branch and the Bank particulars mentioned above are correct.  Signature  Authorized Signatory Authorization No		JRE	oforn ATUF	e int	Sic	omp								ot ef	is n	dite	or cre	yed c	elay
s certified that above mentioned beneficiary holds a Bank Account Nowith branch and the Bank particulars mentioned above are correct.  Signature  Authorized Signatory Authorization No	s certified that above mentioned beneficiary holds a Bank Account Nowith branch and the Bank particulars mentioned above are correct.  Signature  Authorized Signatory Authorization No		JRE	oforn ATUF	GNA	Sign	(Au								ot ef	is n	dite	or cre	yed c	elayd the
s certified that above mentioned beneficiary holds a Bank Account Nowith branch and the Bank particulars mentioned above are correct.  Signature  Authorized Signatory Authorization No	s certified that above mentioned beneficiary holds a Bank Account Nowith branch and the Bank particulars mentioned above are correct.  Signature  Authorized Signatory Authorization No		JRE	oforn ATUF	GNA	Sign	(Au								ot ef	is n	dite	or cre	yed c	elayd the
s certified that above mentioned beneficiary holds a Bank Account Nowith branch and the Bank particulars mentioned above are correct.  Signature  Authorized Signatory Authorization No	s certified that above mentioned beneficiary holds a Bank Account Nowith branch and the Bank particulars mentioned above are correct.  Signature  Authorized Signatory Authorization No		JRE	oforn ATUF	GNA	Sign	(Au								ot ef	is n	dite	or cre	yed c	elayd the
E Signature  Authorized Signatory Authorization No	E Authorized Signatory Authorization No		JRE	oforn ATUF	GNA	Sign	(Au								ot ef	is n	dite	or cre	yed c	elay
Signature  Authorized Signatory Authorization No	E Authorized Signatory Authorization No	tory)	JRE	ATUR	GNA rrized	Side	(Au NA								ot ef	is n	dited	or cre	yed cor	elayd the
Signature  Authorized Signatory  Authorization No	Signature  Authorized Signatory  Authorization No	tory)	JRE ignato	ATUF	GNA	SIGNATURE	(AL NA	inco	s of	ason:	r rea	all fc	d at	ecte	ot ef	d is n	tion	or cre	yed cor	elayd the
Authorized Signatory Authorization No	Authorized Signatory Authorization No	tory)	JRE ignato	ATUF	GNA	SIGNATURE:	(Au NA (OF	inco	s of	ason:	r rea	ficia	d at	ned	ot effible.	d is n spons	tion	tifica	cert	elayed the
Authorization No	Authorization No	tory)	JRE ignated	ATUF  STAN	GNA rized	SIGNATURE SIGNAT	(Au NA (OF	inco	s of	ason:	r rea	ficia	d at	ned	ot effible.	d is n spons	tion	tifica	cert	elayed the
Authorization No	Authorization No	tory)	JRE ignated	ATUF  STAN	GNA rized	SIGNATURE SIGNAT	(Au NA (OF	inco	s of	ason:	r rea	ficia	d at	ned	ot effible.	d is n spons	tion	tifica	cert	elayed the
		tory)	JRE ignated	ATUF  STAN	GNA rized	Side Side Side Side Side Side Side Side	(At NA (OF Acc	ank A	a Ba	ason:	r rea	ficia	d at	ned	ot effible.	d is n spons	tion	tifica	cert	elayed the
IV/AIVIE.	NAME:	tory)	MP)	STAM	GNA rrized :	Side Side Side Side Side Side Side Side	(AL NA (OF Accorded)	inco	a Ba	ason: blds: bove	r rea	ficia	d at	ned	ot effible.	d is n spons	tion	tifica	cert	E  nk (
	NAIVIE.	tory)	MP)	STAM	GNA rrized :	Side Side Side Side Side Side Side Side	(AL NA (OF Accorded)	inco	a Ba	ason: blds : thori	ry ho ed a	ficia	d at	ned	ot effible.	d is n spons	tion	tifica	Cert rtified	E  nk (