

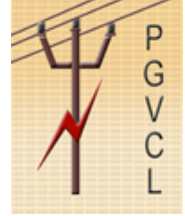
Consumer Name & Address :

30503097110

MANISHKUMAR G.GAJJAR

BLOCK.18 C KRUSHNA

SUMERU TOWN SHIP



PAYMENT REFERENCE SLIP

To,

Date : 22-10-2021

The Branch Manager,

_____ Branch,

_____ Bank.

I/We herewith tender a cheque number _____ drawn on our a/c towards energy bill of PGVCL for the amount of Rs. _____/- (In words _____).

Please remit the same as per below details by debiting my/our SB/CA/CC/OD a/c no. _____ with your branch.

Beneficiary Name : PASCHIM GUJARAT VIJ COMPANY LIMITED

Beneficiary Bank : STATE BANK OF INDIA

Virtual Bank Account No (VAN) : PGVCLT30503097110

IFSC Code of the Branch : SBIN0004266

Name of the Branch : CMP CENTRE

Signature of Customer

Terms & Conditions :

1. I/We agree to pay full amount of electricity bill otherwise my/our connection is liable for disconnection and delay payment charges will be levied as per company's rules.
2. No payment receipt will be provided for this mode of payment.
3. For your ready reference please write down your Ref. no. (for online payment) and UTR No provided by bank in case of physical payment.
4. In case of more than one time payment made by your bank for your single energy bill then the balance amount will be adjusted in next bill.
5. PGVCL will not be responsible for the charges debited by your bank on account of RTGS/NEFT payment.

Customer Care No : 1800 233 155333

Email: info.pgvcl@gegmail.com

Pls write your Ref. No./UTR no. :

PGVCL-211022-343A1