

Advance Settlement Bank Details Form

Employee Information

Full Name

Employee ID

Department

Designation

Contact Number

Advance Details

Advance Amount

Purpose

Date Requested

Bank Account Details

Bank Name

Account Holder Name

Account Number

IFSC Code

Branch

Declaration

☐ I hereby declare that the above details are true and correct to the best of my knowledge.

Employee Signature

Date

For Office Use Only

Approved By

Approval Date

Important Notes

- Please ensure all bank details are correct to avoid payment delays.
- Submission of incorrect information may lead to rejection of the advance request.
- Advance amount is subject to approval by authorized personnel.
- Maintain a copy of this form for your records.
- This form must be completed and signed by the applicant.