THE COSMOS CO OP BANK LTD									
COSMOS TOWER' UNIVERSITY ROAD, GANESHKHIND,PUNE 411007									
FORM F MTR FORM NO 6									
(To be filled in case of <b>SALES TAX</b> payments-)									
(*) Mandatory Fields to be filled by the customer without which payments cannot be done.									
*1. TIN NUMBER (copy to be enclosed): -									
*2. Full name of the assessee as mentioned on TIN allotment letter:									
2 Complete address of the assesses with CTATE & DIN codes									
3. Complete address of the assessee with STATE & PIN code:									
*STATE: PIN CODE									
* 4. Contact no :-( 1	ph)	(Mobile)							
*5 Sales tax office									
*6. Period from to: -									
* 7 Type of tax &Form no :-									
								Fees for	
(required to be filled at the time of	CST	Return –III E	Assessment	Interest	Penalty	Installment	Demand against	various	
return)			Order	order	order	order	Form 213	reasons	
*8. DETAILS OF PAYMENTS: ( Amount _ in Rupees Only.)							Rupees		
1	Amount of tax								
2	Interest Amount							.00	
3									
4	Composition money							.00	
5	Fine         .00           Fees         .00								
	Fees Deposit								
8	Total Amount Rs								
8       Total Amount Rs       .00         E-Tax Payment Request -       Please debit my/our A/c no.       With Br.,									
For the amount as per cheque/s enclosed titled <u>"Yourselves"</u> for Rs. (total in words)									
for the amount as per cheque/s enclosed titled <u>Yourselves</u> for Ks. (total in words)									
e-tax payment as above. Chq. No/s.:- Chq. Dt/s.:-									
<b>Declaration</b> - The e-tax information given by me/us is correct & true to the best of my/our									
knowledge. I declare that I/We am/are solely responsible for the tax-info given by me/us as above.									
I/We am/are aware about the fact that successful e-tax payment is not warranted if it is hampered by any technical									
reasons or website accessibility problems. Hence I/We will not hold 'The Cosmos Co-op. Bank Ltd.' or any of its employees									
responsible for any delay or such other discrepancy/ies in e-payment of taxes due to the aforementioned reasons.									
Name & Signature of the Account Holder									
						/Authorized signatory with Stamp			
/									
For Bank use only: 1) Recd.Cheque No/s.: date: on (Dt.) for									
Rs	from	-							
<ol> <li>E-payment charges debited to customer's A/c/included in cheque amt. Rs</li> </ol>									
<ol><li>Account Holder's signature verified, A/c No.</li></ol>							o A/c no.COS370086		
					Authorized	l Officer's sign	with Branch Name	/seal	
DC No.: -									
DATE: -			·						
(Note: -ABOVE I			-				-		
Please ensure th			a in all resp	ects. inco	omplete for	ms will not b	e		
processed by the on-line system.)									