

Customer Acknowledgement copy (to be returned to the customer)

STRN: 0111124TS5260017

A/C No: 00000033983699764 A/C Holder Name: EVANIYA SHAJI

Beneficiary Account No : LT097044060002905377

Beneficiary name : LITHUANIAN UNIVERSITY OF HEALTH

Beneficiary Bank name : SEB BANK

Type of request: Outward Remittance of EUR 163

Date of receipt: 24-05-2024

कृते भारतीय स्टेट बैंक
For STATE BANK OF INDIA

सहायक / उप प्रबन्धक / Asst. / Dy. Manager
कोतमंगलम शाखा / Kothamangalam Br.



Signature of the authorized official

Note:- Remittance Charges include charges up to beneficiary bank/correspondent Bank only

Also Please note that your remittance application will be processed at our Global Market Unit, Kolkata. As your account will get debited a little later, at the time of processing of the remittance during the course of the day, please ensure that the balance in your account is adequate. If your transaction fails due to insufficient balance you may have to bear exchange loss, if any.

Please also note that in the event of your remittances being returned by the overseas bank, there may be charges deducted by that bank. Further, the foreign currency amount on return will be re-credited to your account in rupees which may entail exchange loss.

Thank you.

"I/We hereby give my/our unconditional consent and authorize State Bank of India to use, share, transmit, disclose, exchange, or utilize my/our Mobile Number and Email Id in any manner in connection with the tracking facility opted by us/provided to us for the said remittances. I/We also hereby acknowledge and agree that my/our Mobile Number and Email Id may be transmitted/shared by State Bank of India with its constituents/Correspondents/Service Providers or third-party agencies whether located in India or overseas with whom the State Bank of India has entered/propose to enter into contracts/arrangements for provision of any services and/or services in connection with the said tracking facility and that such constituents/Correspondents/Service Providers or third parties may use, process and/or store my/our said information/data in a manner deemed fit by them. I/We further agree and declare that I/We shall not hold State Bank of India or its constituents/Correspondents/Service Providers or third-party agencies, liable in any manner in this regard."