

Annexure-III

Bank Name _____
OF Bank _____
_____ **Tin No** _____

Invoice No _____ **Address**
Date: _____ **PAN No**

To

Name of Insurance company

Address of Insurance company

| Description | Rate | Total |
|---|--|-------|
| Bank service charges, for servicing the crop insurance scheme as per state government notification no _____ Dated _____ issued by the state Govt of _____ | 4% of the farmer share remitted to insurance company | |
| | Sub Total | |
| | Service Tax @ _____% | |
| | Total due | |

Service Tax Registration Number: _____

Your invoice total is Rupees _____ only.

All payments may be transferred through NEFT in bank account no _____

Name of the bank _____ IFSC code _____
MICR code _____ If you have any questions concerning this invoice , contact phone _____

For _____ Bank

Authorized Signatory