FORM NO. E – 5

ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)
MODEL MANDATE FORM

INVESTOR/CUSTOMER’S OPTION TO RECEIVE PAYMENTS THROUGH CREDIT CLEARING
MECHANISM
SCHEME NAME AND THE PERIODICITY OF PAYMENT

1. INVESTOR/CUSTOMER’S NAME : 
   WITH COMPLETE ADDRESS, TEL/FAX NO. AND EMAIL ID

2. PARTICULARS OF BANK ACCOUNT
   A. BANK NAME : 
   B. BRANCH NAME : 
      ADDRESS : 
      TELEPHONE NO. : 
   C. 9-DIGIT CODE NUMBER OF THE BANK & BRANCH APPEARING ON THE MICR CHEQUE ISSUED BY THE BANK.
   D. ACCOUNT TYPE (S.B. ACCOUNT OR CASH CREDIT) WITH CODE 10/11/13
   E. LEDGER NO./LEDGER FOLIO NO. : 
   F. ACCOUNT NUMBER (AS APPEARING ON THE CHEQUE BOOK)
   (In lieu of the bank certificate to be obtained as under, please attach a blank cancelled cheque or photocopy of a cheque or front page of your savings bank passbook issued by your bank for verification of the above particulars)

3. DATE OF EFFECT :

INFORMATION FOR PAYMENT THROUGH RTGS OR NEFT

G. IFSC CODE : 
H. NEFT CODE :

I hereby, declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge the responsibility expected of me as participant under the scheme.

.........................................................
Signature of the Investor/Customer

DATE: .......................................................... with Company’s Stamp

Certified that the particulars furnished above are correct as per our records.

Bank’s Stamp: ......................................................
SIGNATURE OF THE AUTHORISED/OFFICIAL
WITH PHONE NO. FROM THE BANK.

DATE: