

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.

DATE:

.....
Signature of the Investor/Customer
with Company's Stamp

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

Bank's Stamp:

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SIGNATURE OF THE AUTHORISED/OFFICIAL
WITH PHONE NO. FROM THE BANK.

DATE: