

Electronic Clearing Service (Debit Clearing)

Model Mandate Form

(Investor/customer’s option to make payments through Debit clearing Mechanism)

Name of the Scheme and the periodicity of payment

No.

- 1) Investor/customer’s name:
- 2) Particulars of Bank account
  - A Name of the Bank :
  - B Name of the branch :
  - Address :
  - Telephone No :
  - C 9-Digit code number of the bank and branch  
Appearing on the MICR cheque issued by the bank:  
(Please attach the photocopy of the cheques  
or a blank cancelled cheques for verifying  
the accuracy of the code numbers)
  - D Type of the account (S.B, Current or Cash Debit)  
With code (10/11/13)
  - E Ledger and Ledger folio number:
  - 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:

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 a participant under the scheme.

(.....)

Signature of the Investor/Customer

Date

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

(.....)

Bank’s Stamp

Signature of the authorized

Date:

official of the Bank