

UMRN Date Utility Code Create Modify CancelSponsor Bank Code I / We Authorize To Debit (Tick , Bank A/c Number With Bank IFSC / MICR An Amount of Rupees ₹ Debit Type Fixed Amount Maximum Amount **Frequency** Monthly Quarterly Half Yearly Yearly As & When PresentedReference 1 Reference 2

1. I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my Account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/ Corporate to debit my account, based on the instructions as agreed and signed by me.

3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.

From To Or Until CancelledPhone No.

Signature of Primary A/c Holder

Signature of Account Holder

Signature of Account Holder

1. Name as in Bank Records

2. Name as in Bank Records

3. Name as in Bank Records