

MANDATE FORM

BENEFICIARY/CUSTOMER'S OPTION TO RECEIVE PAYMENT THROUGH E-PAYMENT

|      |   |   |
|------|---|---|
| 1.   | Beneficiary name  |   |
| 2.   | Beneficiary address & Telephone No.   |   |
| 3.   | Beneficiary Account No.   |   |
| 4.   | Account Type (Savings/current for cash credit) with code IO/11/13   |   |
| 5. j | Nine digit code number of the bank & branch appearing on the MICR cheque issued by the bank (if available). |   |
| .6.  | Bank Name   |   |
| .7.  | Branch name & address with telephone Number   |   |
| 8.   | IFSC (Indian Financial Services code)   |   |
| 9    | Photo copy of the cancelled cheque to confirm correctness •: r !FS code and                                 | 1 |

jAccount No. given ..- H

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 incompleteness or incorrectness of information given by me as above, I would not hold the user institution responsible.

Dated \_\_\_\_\_

( \_\_\_\_\_ )

Signature of the Beneficiary

Certified that the particulars furnished above are correct as per the record.

Bank Stamp

Dated \_\_\_\_\_

Signature of the Authorized Officer