

ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)
Model Mandate Form

(Investor/customer's option to receive payments through credit 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
 - (d) Type of the account(S.B, current or) : _____
 - cash credit) 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 saving 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.

Date : _____
(Signature of the Investor / Customer)

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

(Signature of the Authorised)

Bank' Stamp

Date :

Official of the bank