

**Electronic Clearing Service (Credit Clearing)
(Model Mandate Form)**

(Investor/Customers's option to receive payment through Credit Clearing Mechanism)
(Scheme Name and the Periodicity of payment)

1. INVESTOR/CUSTOMERS' Name : MOJAHID HUSSAIN

2. PARTICULARS OF BANK ACCOUNT

A. BANK NAME : STATE BANK OF INDIA

B. BRANCH NAME : Station Road Branch Siwan
ADDRESS : station road branch siwan krishna cinema
compound, Siwan(Bihar)
TELEPHONE NO. : 9162016898

C. 9 DIGIT CODE NUMBER OF THE BANK & BRANCH : 841002206
(Appearing on the MICR Cheque issued by the Bank)

C.1. IFSC Code of Bank : SBIN0018595

D. ACCOUNT TYPE : Saving Account
(S.B Account/Current Account or
Cash Credit with Code 10/11/13)

E. LEDGER NO./LEDGER FOLIO NO. :

F. ACCOUNT NUMBER : 39806761020
(As appearing on the Cheque book)

G. Attached document for verification of Bank particular :

3. DATE OF EFFECT

I hereby declare that the particulars given above are correct and complete of the transaction is delayed or not effected at all for reasons of incompleten or incorrect information. I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge responsibilitybexpected 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.
(Bank's Stamp)

(.....)

Date: **Signature of the Authorised Official of Bank**