

UMRN Date

Tick (✓)

Sponsor Bank Code Utility Code ☒ CREATE
☐ MODIFY
☐ CANCELI/We hereby authorize to debit (tick✓) Bank a/c number with Bank IFSC or MICR an amount of Rupees ₹ FREQUENCY ☒ Mthly ☐ Qtly ☐ H-Yrly ☐ Yrly ☐ As & when presentedDEBIT TYPE ☒ Fixed Amount ☐ Maximum AmountReference 1 Phone No. Reference 2 Email ID

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.

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| PERIOD | | | | | | | | | | | |
| From | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| To | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Or | <input type="checkbox"/> Until Cancelled | | | | | | | | | | |

Signature of Account 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

- 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.
- 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.

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