

BANK MANDATE FORM

(Please fill in the information in CAPITAL LETTERS. Please TICK wherever it is applicable)

1. Name of Member Lending Institution / Bank: _____

2. Member ID [As given by CGTMSE]: _____

3. Address of member ID: _____

City with pin code: _____ PAN No.: _____

E-mail id: _____

Ph No. with STD code: _____ Mob. No. _____

3. Particulars of Bank account:

Beneficiary – cum – name of bank / member																			
Address and pincode						Branch City													
Type of account(Pl tick)	Saving / Current / Cash Credit					Branch Code [of member id]													
MICR No.																			
Account Number																			
IFSC CODE	For RTGS transfer																		
	For NEFT transfer																		

4. Date from which the mandate should be effective: January 01,2021

I hereby declare that the particulars given above are correct and complete. If any transaction is delayed or not effected for reasons of incomplete or incorrect information, I shall not hold **CGTMSE / CGTMSE's Operating Bank responsible**. I also undertake to advise any change in the particulars of my account to facilitate updation of records for purpose of credit of amount through **RBI RTGS/NEFT**. I authorize CGTMSE to credit the proceeds of Claims to the above mentioned account pertaining to Member id No. _____ (Pl. mention member id no. as given by CGTMSE).

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

Bank's stamp (Seal):

Date :

(Name and Signature of the Authorized Official)