

BANK MANDATE FORM

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

1. Name of Member Lending Institution / NBFC: _____

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

3. Address of member ID: _____

City with pin-code: _____ PAN No.: _____

GSTIN No.: _____ E-mail id.: _____

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

4. Particulars of Bank account:

Beneficiary – cum – name of bank / MLI	As mentioned above																						
Address and pin-code	As mentioned, above	Branch City	As mentioned above																				
Type of account (Pl tick)	Saving / Current	Branch Code [of member id]	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
MICR No.																							
Account Number	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						
IFSC CODE	For RTGS transfer																						
	For NEFT transfer																						

5. Date from which the mandate should be effective:

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 / IDBI Bank / Corporation Bank/SBI Bank responsible. I also undertake to advise any change in the particulars of my account to facilitate up-dation 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)