

Debit Mandate Form NACH / ECS/ DIRECT DEBIT

UMRN

Date

06/04/2017

Tick (✓)

CREATE
MODIFY
CANCEL

Sponsor Bank Code

KKBKORTGSMI

Utility Code

KKBK00377000027379

I/We hereby authorize

KOTAK MAHINDRA PRIME LTD.

to debit (tick ✓)

SB /CA /CC /SB-NRE/SB-NRO/Other

Bank a/c number

62322550049

with Bank

STATE BANK OF HYDERABAD

IFSC

SBHY0020765

or MICR

an amount of Rupees

TWO THOUSAND ONE HUNDRED NINETY NINE RUPEES ONLY

₹2,199/-

FREQUENCY ☒ Mthly ☐ Qtrly ☐ H-Yrly ☐ Yrly ☐ As & when presentedDEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount

Reference 1

CDPN03040

Phone No.

9823766663

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.

PERIOD

From 05/05/2017
To - - - - -Or ☒ Until Cancelled

For RAM MARKET

* *Signature of Account holder*

Signature Primary 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 instruction 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.

Duplicate NACH Document for Refiling Purpose

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ToOr ☐ Until Cancelled

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Signature Primary Account holder

Signature of Account holder

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