Debit Mandate Form NACH / ECS/ DIRECT DEBIT	
UMRN Debit mandate Form NACH 7 ECS DIREC	Date 0 6 1 1 2 0 1 7
Tick ( Sponsor Bank Code KKBKORTGSMI	Utility Code KKBK00377000027379
CREATE JONG hereby puthoring KOTAK MAHINDRA PRIME LTD.	to debit (tick ) JB /CA /CC /SB-NRE/SB-NRO/Other
CANCEL Bank a/c number 7 2 0 0 5 6 1 5 8	
with Bank   INDIAN BANK, INDIA   IFSC     D     B   0	0 0 K 0 7 1 or MICR
an amount of Rupees FOUR THOUSAND, FOUR HUNDRED, THIRTYNINE RUPEES. ONLY ₹ 4,439/-	
FREQUENCY  Mthly  Quiy  HYrly  No Yrly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount	
Reference 1 65898	Phone No. 9840540309
Reference 2 CDF	Email ID LOKESVARI@GMAIL.COM
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.	
From 0 5 1 2 2 0 1 7 To	ure of Account holding Signature of Account holder
<ul> <li>This is to confirm that the declaration has been carefully road, understood &amp; made by mor us. I am authorizing the User entity / corporate to dobit my account Except on the instruction as agreed and signed by me.</li> </ul>	
* I have understood that I am authorized to cancel I amend this mandate by appropriately communicating the cancellation / amend	denoted requestal to the Lister widthy i corporate on the bank where I have authorized the debid