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| **Part XI: Annex IV** | | | | |
| **ELECTRONIC CLEARING SERVICE (ECS) MANDATE FORM** | | | | |
| 1 | Name of the Party (Beneficiary) | | |  |
| 2 | PAN | |  |  |
| 3 | Particulars of the Bank Account | | |  |
|  | A. | | Name of the Bank |  |
|  | B. | | Name of the Branch |  |
|  |  | | Address: |  |
|  |  | | Telephone No: |  |
|  | C. | | Type of Account | SAVINGS / CURRENT |
|  | D. | | Account No. |  |
|  |  | | (as appearing on the cheque book issued by the Bank) | |
|  | E. | | The 9 Digit MICR Code Number |  |
|  |  | | (as appearing on the cheque book issued by the Bank) | |
|  | F. | | IFSC Code |  |
|  |  | | (as appearing on the cheque book issued by the Bank) | |
| 4 | Checklist for Attachments: | | |  |
|  | Photocopy of PAN Card | | |  |
|  | Photocopy of a cancelled blank cheque | | |  |
| 5 | I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. | | | |
| Signature of the Authorised Signatory | | | | |
| (Name of the Authorised Signatory) | | | | |
| Official Stamp | | | | |
| Date: | |  | | |
| Place: | |  | | |