

To,

Dear Sir,

**Sub : E-Payments**

I request and authorise you to effect E-Payment to my / our Bank account as per the details given below:

Bank Account Name:- : HARISH ENTERPRISE  
Bank Account Number : 50200040383360  
Branch Name & Address of Bank: HDFC BANK LTD. & 4, B.B.D. BAG- EAST, KOLKATA- 700001,  
WEST BENGAL  
Email Id : harishent102@gmail.com  
Permanent A/c Number (PAN) : AAEFH1447C  
Name of the Auth signatory : MAHESH KABRA  
Contact Person : MAHESH KABRA  
Contact Number : 9831617604/9830678095  
IFSC code : HDFC0000008  
MICR Code : 700240002  
Type of Account : CURRENT

I, hereby declare that the particulars given above are correct. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I hereby authorise Bank ( as mentioned above) to credit my above mentioned account with the amount of installment and I agree to discharge the responsibility expected of me as a participant under the scheme.

Date: 17-05-2021

*Maresh Kabra*

Signature of Account Holder (s)

- Mandatory fields -cannot be left blank.
- Kindly attach a blank cancelled cheque with this mandate form.

**Bankers Attestation -**  
**CERTIFIED THAT THE PARTICULARS FURNISHED ABOVE ARE CORRECT AS PER OUR RECORDS.**

BANK STAMP

DATE : 17.05.2021

SIGNATURE OF BANK

Without risk and Responsibility on the Part  
of the Bank or its officials we confirm the  
account of M/s.....

Who are maintaining  
A/c. No. 50200040383360  
specimen with our record as on date

For HDFC BANK LTD.  
STEPHEN HOUSE  
KOLKATA-700 001

**DEEPT DEY BISWAS**  
EMP-20023  
Manager  
HDFC Bank Ltd.  
Stephen House