| Debit Mandate Form NACH/ECS/DIRECT DEBIT (Standing Instructions) |
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| CREATE Sponsor Bank Code |
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| Reference 2 Branch Name ICORAMAN HALA Phone No. 0174185107 Email ID |
| From D3 D 6 2 D V 9 lagree for the debt of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. |
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| this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate to debit my account. I have understood that I am authorised to cancel/amend in the provider customer preference above is registered in my/our name(s) and/or is the number that I/we use in the ordinary course. I/We hereby declare that the above information is true and carried out in my/our aforesaid account(s). |
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| in the provider customer preference register, or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We consent to the Bank communicating to me/us about the transactions. |
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| Debit Mandate Form NACH/ECS/DIRECT DEBIT (Standing Instructions) |
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| this mandate by applications and that the mobile number listed above is registered in my/our name(s) and/or is the number that I/we use in the ordinary course. I/We hereby declare that, irrespective of my/our registration of the above mobile in the provider customer preference register, or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We consent to the Bank communicating to me/us about the transactions carried out in my/our aforesaid account(s). |