Debit Mandate Form NACH/ECS/DIRECT DEBIT (Standing Instructions)
UMRN Date 27022019
TATA Tick (*/) Sponsor Bank Code Utility Code
CREATE TATA CARITAL FINANCIAL SERVICES LINETED
MODIFY TO THE STATE OF THE STAT
Bank a/c number (
with Bank STATE BANKOFINDIA IFSC SBINO 06354 or MICR 831002007
an amount of Rupees Forty One thousand eighthundred 7 41800
FREQUENCY Bi-Mthly Mthly Ctly H-Yrly Yrly As & when presented DEBH TYPE X Fixed Amount Maximum Amount  Reference 1 Agreement No.: TC FTW053500001020218 Phone No. 9 162 00 5313
Reference 2 Branch Name Town Shedouy Email ID
PERIOD   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 03 06 20 19
To B D D B Q D M D Signature Wilmary Account holder Signature of Account holder Signature of Account holder
Or Until Cancelled  1. Name as in bank records  3. Name as in bank records
• This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorising the user entity/corporate to debit my account. • I have understood that I am authorised 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. I/We hereby declare that the above information is true and
correct and that the mobile number listed above is registered in my/our name(s) and/or is the number that live use in the ordinary course. I/We hereby declare that the above information is true and 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).
The state of the s
Debit Mandate Form NACH/ECS/DIRECT DEBIT (Standing Instructions)
UMRN Date 27022019
TATA
CREATE
MODIFY I/We hereby authorize TATA CAPITAL FINANCIAL SERVICES LIMITED to debit (tick/) SB/CA/CC/SB-NRE/SB-NRO/Other
Bank a/c number 000000000000000000000000000000000000
with Bank STATE BANKOF INDIA IFSC SBINO006354 or MICR 83 1002007
an amount of Rupees Forty one thousand eighthundred \$ 41800
FREQUENCY Bi-Mthly Mthly H-Yrly Yrly As & when presented DEBIT TYPE X Fixed Amount Maximum Amount
Reference 1 Agreement No.: TCCTWOS35000010292188 Phone No. 9162895313
Reference 2 Branch Name Tam Shed Du Y Email ID
PERIOD   lagree 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.
21217.01
To Signature primary Account holder Signature of Account holder Signature of Account holder
Or Until Cancelled  1. Name as in bank records  3. Name as in bank records
• This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorising the user entity/corporate to debit my account. • I have understood that I am authorised 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. I/We hereby declare that the above information is true and
correct and that the mobile number listed above is registered in my/our name(s) and/or is the number that twe use in the ordinary course. IWe hereby declare that the above information is true and 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).
Debit Mandate Form NACH/ECS/DIRECT DEBIT (Standing Instructions)
UMRN Date 27 02 20 19
TATA Tick (🗸) Sponsor Bank Code Utility Code
CREATE / I/We hereby authorize TATA CAPITAL FINANCIAL SERVICES LIMITED to debit (tick/) SB/CA/CC/SB-NRE/SB-NRO/Other
CANCEL Bank a/c number 10208065935
WITH BANK OF INDIA IFSC SBINDIO 06354 OF MICE 83 1 00 RDD 7
an amount of Rupees Forty one thousand eight hundred 7 41800
FREQUENCY Bi-Mthly Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE X Fixed Amount Maximum Amount
Reference 1 Agreement No.: TCATWOL35000010292188 Phone No. 9162895313
Reference 2 Branch Name Jamshedov Y Email ID
PERIOD  I agree for the debit of mandate procession charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.
21211 Za
To BOOM Signature primary Account holder Signature of Account holder Signature of Account holder

Or Until Cancelled

1. James Scholl Record S. Name as in bank records

3. Name as in bank records

This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorising the user entity/corporate to debit my account. I have understood that I am authorised 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. I/We hereby declare that the above information is true and correct 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).