MANDATE FORM

ELECTRONIC CLEARING SERVICE (CREDIT CLEARING) / REAL TIME GROSS SETTELMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS

A. DETAIL OF ACCOUNT HOLDER:-

1	NAME OF ACCOUNT HOLDER	
2	COMPLETE CONTACT ADDRESS	
3	TELEPHONE NUMBER/FAX/EMAIL	
4	NAME & ADDRESS OF PROJECT	
5	TITLE OF THE PROJECT	

B. BANK ACCOUNT DETAIL:-

1	BANK NAME	
2	BRANCH NAME WITH COMPLETE	243
	ADDRESS, TELEPHONE NUMBER AND	
	EMAIL	
3	WHETHER THE BRANCH IS	
	COMPUTERISED?	
4	WHETHER THE BRANCH IS RTGS	4
	ENABLED? IF YES, THEN WHAT IS THE	*
	BRANCH'S IFSC CODE -	
(i)	IS THE BRANCH ALSO NEFT ENABLED?	
(ii)	TYPE OF BANK ACCOUNT	100
	(SB/CURRENT/CASH CREDIT)	
(iii)	COMPLETE BANK ACCOUNT NUMBER	
	(LATEST)	
(iv)	MICR CODE OF BANK	-
(iv)	MICR CODE OF BANK	

I hereby declare that the particular given above are current and complete. 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.

Date:	(Signature/Seal of PI/Firm) Phone No.
Certified that the particulars furnish	ned above are correct as per our records.
,	9 9 9
(.Signature/Seal AO of the Concerned Div/DDO) Phone No.
Date:	6
_NOTE Please attach a photocopy of cance	elled cheque for purpose of verification of the

concerned bank account where money is to be remitted.