

## ARN-4464

## E032737 VIKRAM S. BAGADTHEY

|  | UMRN  |                |           |   | For Office              | Use onl               | ly             |                    |  |                         |   |              | D                                | ate  | D D I | M M            | YYY | Y |
|--|---|----------------|-----------|---|-------------------------|-----------------------|----------------|--------------------|--|-------------------------|---|--------------|----------------------------------|------|-------|----------------|-----|---|
|  | Sponsor Bank Code   |                |           |   |                         |                       | Utility Cod    | e                  |  |                         |   | For          | Office Use o                     | only |       |                |     |   |
|  | I/We hereby authorize   |                |           |   | To debit (🗸)            |                       | □ SB □ CA □ CC |                    |  | ☐ SB-NRE ☐ SB-NR        |   |              | RO Others                        |      |       |                |     |   |
|  | Bank Account No.  |                |           |   |                         |                       |                |                    |  |                         |   |              |                                  |      |       |                |     |   |
| with Bank  |   | Name of custom | iers bank |   |                         | IFSC                  |                |                    |  |                         |   |              | or MICR                          |      |       |                |     |   |
| an amount<br>of Rupees   | In Words  |                |           |   |                         |                       |                |                    |  |                         |   | ₹ In Figures |                                  |      |       |                |     |   |
| Frequency:   | ★ Monthly       ♥ Quarterly       ★ Half Yearly       ▼ Y |                |           |   |                         | ✓ As & when presented |                |                    |  | Debit Type :            |   |              | Fixed Amount                     |      |       | Maximum Amount |     |   |
| Folio No.  |   |                |           |   |                         |                       | Ph             | one [              |  |                         |   |              |                                  |      |       |                |     |   |
| PAN  |   |                |           |   |                         |                       | E-r            | nail               |  |                         |   |              |                                  |      |       |                |     |   |
| 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. |   |                |           |   |                         |                       |                |                    |  |                         |   |              |                                  |      |       |                |     |   |
| PERIOD From D D M  | M Y Y Y Y Y Signature of Primary Bank Account Holder  |                |           | æ | Signature of Bal        |                       |                | ank Account Holder |  |                         | Æ | S            | Signature of Bank Account Holder |      |       |                |     |   |
| To D D M   | MYYYY   |                |           |   |                         |                       |                |                    |  |                         |   |              |                                  |      |       |                |     |   |
| Or Unti  | il Cancelled  Name as in bank records   |                |           |   | Name as in bank records |                       |                |                    |  | Name as in bank records |   |              |                                  |      |       |                |     |   |

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 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 authorised debit.



## Instructions to fill Mandate

- UMRN is auto generated during mandate creation and is mandatory to be updated during amendment and cancellation of mandate. (Maximum length-20 Alpha Numeric Characters)
- 2. Date in DD/MM/YYYY format.
- Sponsor Bank IFSC / MICR code, left padded with zeroes where necessary. (Maximum length 11 Alpha Numeric Characters)
- 4. Utility Code of the Service Provider. (Maximum length 18 Alpha Numeric Characters)
- 5. Name of Service provider.
- Tick on box to select type of action to be initiated.
- Tick on box to select type of account to be affected.
- Customer's legal account number, left padded with zeroes. (Maximum length 35 Alpha Numeric Characters)
- 9 Name of Bank and Branch
- 10. IFSC / MICR of customer bank. (Maximum length 11 Alpha Numeric Characters)
- 11. Amount payable for service or maximum amount per transaction that could be processed in words.

- 12. Amount in figures, similar to the amount mentioned in words. (Maximum length 13 Alpha Numeric Characters)
- 13. Service Provider generated consumer reference number.
- 14. Service Provider generated Scheme / Plan reference number.
- 15. Tick on box to select frequency of transaction.
- Validity of mandate with dates in DD/MM/YYYY format.
- 1.7. Names of customer/s and signatures as well as seal of company (where required). (Maximum length of Name - 40 Alpha Numeric Characters)
- Undertaking by customer.
- 19. Permanent ID of customer e.g. PAN / Aadhaar No.
- 20. Telephone no. with STD code, of customer.
- 21. 10 digit mobile number of customer.
- 22. E-Mail ID of customer.