

MODEL MANDATE FORM

BENEFICIARY/CUSTOMER'S OPTION TO RECEIVE PAYMENT THROUGH E-PAYMENT

1. Beneficiary name:
2. Beneficiary address:

3. Beneficiary account no.:
4. Account type (Saving/Current
For cash credit) with code 10/11/13:

5. Nine digit code number of the bank & branch
Appearing on the MICR cheque issued
By the bank (if available):
6. Bank name:
7. Branch name:
Address:

- Telephone no.:
8. IFSC (Indian financial service code):
9. Photo copy of cancelled cheque to
Confirm correctness of IFSC code
And account no. given in C & H:

I, hereby, declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incompleteness or incorrectness of information given by me as above, I would not hold the user institution responsible.

Dated: _____ (_____)

Signature of the beneficiary/customer

Certification that the particulars furnished above is correct as per the records.

Bank stamp

Dated: _____ (_____)

Signature of the authorized official