



Page 1 of 1

**NATIONAL ELECTRONIC FUND TRANSFER/ELECTRONIC CLEARING
SERVICE (CREDIT CLEARING) MODEL MANDATE FORM**

(Investor's/Customer's option to receive payments through Credit Clearing Mechanism)

NAME OF THE SCHEME AND THE PERIODICITY OF PAYMENT



Unique Contractor/Vendor Code :

1. Investor/Customer's Name and Address :

2. Particulars of Bank Account :

a) Name of the Bank :

b) Name of the Branch
Address
Tel No.

c) 9 Digit Code number of the Bank and
Branch appearing on the MICR Cheque
issued by the bank. :

d) IFSC Code of the branch :

e) Type of Account (Current/Savings/
Cash credit with code 10/11/13 :

f) Ledger and ledger folio No :

g) Account Number (appearing on Cheque
book) :

(In lieu of the bank certificate to be obtained as under, please attach a Bank Cancelled Cheque or photocopy of a Cheque or front page of your Savings Pass Book issued by your Bank for verification of the above particulars)

3. Date of effect :

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effect at all for reasons of incomplete or incorrect information. I Would not hold the user institution responsible. I have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the scheme.

Date:-

Signature of the Investor/Customer

Certified that the particulars furnished above are correct as per our records.

Bank's Stamp

Signature of the Authorized Official of the Bank
