MANDATE FORM

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

A.	DETAILS OF BANK ACCOU	JNT HOL	DER:
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NAME OF THE ACCOUNT HOLDER			
COMPLETE CONTACT ADDRESS			
TELEPHONE NUMBER/FAX/MAIL			
B. BANKACCOUNTDETAILS			
BANKNAME			
BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE NUMBER AND EMAIL			
WHETHER THE BANK IS COMPUTERISED?			
WHETHER THE BANK IS RTGS ENABLED? IF YES, THEN WHAT IS THE BRANCH'S IFSC CODE			
IS THE BRANCH IS ALSO NEFT ENABLED? TYPE OF BANK ACCOUNT (SB/CURRENT/CASH CREDIT)			
COMPLETE BANK ACCOUNT NUMBER (LATEST)			
MICR CODE OF BANK			
DATE OF EFFECT:-			
I hereby declare that the particulars given above are co or not effected at all for reasons of incomplete or in responsible. I have read the option invitation letter and as a participant under the scheme.	rrect and complet ncorrect I would agree to discharge	not hold the user I responsibility expec	s delayed nstitution ted of me
Date:)	(
Contificately		Signature of C	ustomer
Certified that the particulars furnished above are correct a	as per our records.		
(Bank's Stamp)		()
Date		Signature of Ban	k Manager

Please attach a photocopy of cheque along with the verification obtained from the bank. In case your Bank is presently not "RTGS Enabled", then upon its up gradation to "RTGS Enabled" branch, please submit the information again in the above proforma to the Department at earliest.