

Accounts Correspondence & Bank Details

Correspondence For Accounts Department

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|---------------------------------|--|
| NAME: | |
| DESIGNATION: | |
| TELEPHONE NUMBER: | |
| EMAIL ID: | |
| Bank Details | |
| Account Holder Name : | |
| Bank Account Number : | |
| Branch Name & Address of Bank : | |
| Name of the Auth signatory : | |
| Bank Country : | |
| IFSC / SWIFT / IBAN Code : | |
| MICR Code : | |
| Type of Account : | |

I, hereby declare that the particulars given above are correct. 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. I hereby authorize Bank (as mentioned above) to credit my above mentioned account with the amount of installment and I agree to discharge the responsibility expected of me as a participant under the scheme.

Date: _____

Signature of Account Holder (s)

·Mandatory fields -cannot be left blank.

·Kindly attach a blank cancelled cheque with this mandate form.

Bankers Attestation -

CERTIFIED THAT THE BANK DETAILS FURNISHED ABOVE ARE CORRECT AS PER OUR RECORDS.

BANK STAMP

Date: _____

SIGNATURE OF BANK OFFICIAL