**MANDATE FORM**

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

1. **DETAILS OF ACCOUNT OF THE HOST INSTITUTE :-**

|  |  |  |
| --- | --- | --- |
| 1 | NAME OF ACCOUNT HOLDER OF THE HOST INSTITUTE |  |
| 2 | COMPLETE CONTACT ADDRESS |  |
| 3 | TELEPHONE NUMBER/FAX/EMAIL |  |

1. **BANK ACCOUNT DETAIL :-**

|  |  |  |
| --- | --- | --- |
| 1 | BANK NAME |  |
| 2 | BRANCH NAME WITH COMPLETEADDRESS, TELEPHONE NUMBER AND EMAIL |  |
| 3 | WHETHER THE BRANCH IS COMPUTERISED? |  |
| 4 | WHETHER THE BRANCH IS **RTGS** ENABLED? IF YES, THEN WHAT IS THE BRANCH’S **IFSC CODE -** |  |
| (i) | IS THE BRANCH ALSO NEFT ENABLED? |  |
| (ii) | TYPE OF BANK ACCOUNT | **SAVING ACCOUNT** |
| (iii) | COMPLETE BANK ACCOUNTNUMBER (LATEST) |  |
| (iv) | MICR CODE OF BANK |  |

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 incomplete or incorrect I would not hold the user Institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the scheme.

 ( )

Date:

 Signature of PI

 Phone No

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

(Bank’s Stamp) ( )

Date Signature of Bank Manager

**NOTE**

**Please attach a photocopy of cancelled cheque for purpose of verification of the concerned bank account where money is to be remitted**.