

UMRN  f o r o f f i c e u s e

Date

Tick(✓)  **CREATE**  **MODIFY**  **CANCEL** Sponsor Bank Code  Utility Code

I/We hereby authorize  to debit(tick ✓)  SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number

With Bank  IFSC  or MICR

an amount of Rupees  ₹

FREQUENCY  Mthly  Qtly  H-Yrly  Yrly  As & When Presented DEBIT TYPE  Fixed Amount  Maximum Amount

IIN  Phone No.

Mandate ID  Email ID

I agree for the debit of mandate processing charges by the bank whom i am authorizing to debit my account as per latest schedule of charges of the bank.

**PERIOD**

From

To

Or  **Until Cancelled**

Signature Primary Account holder Signature of Account holder Signature of Account holder

\_\_\_\_\_

Name as in bank records Name as in bank records Name as in bank records

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

• This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ Corporate to debit my account, based on the instructions as agreed and signed by me.  
 • I have understood that I am authorized to cancel/ amend this mandate by appropriately communicating the cancellation/ amendment request to the User entity/ corporate or the bank where i have authorized the debit.