



MANDATE INSTRUCTION FORM

UMRN

CIN NO: U65929PN2021PLC206668

CREATE Sponsor Bank Code Utility Code

MODIFY I/We hereby authorize To debit (tick- SB CA CC SB-NRE SB NRO Others

CANCEL 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

Reference 1 Phone No.

Reference 2 E-mail ID

PERIOD From Upto Or Until cancelled

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.

Signature Primary account holder _____ Signature Account holder _____ Signature Account holder _____
1 Name as in bank records 2 Name as in bank records 3 Name as in bank records

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 instruction as agreed and signed by me. I have understood that I am authorised 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



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