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							Ut	ility Co	ode						$\perp$				
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Γhe Manager			,,	icasc		c ioiiii		ock ice	ccisj	Сор	y to 1	the U	ser Co	mpan	<u>y</u>				
ank Name:											Name : AXIS BANK LIMITED								
Branch Name:										Add	ress	: Ce	ntral A	sset H	ub (C	AH)			
Address:												Bu	ilding n	no - 1,	Gigap	olex,			
												MI	or no - DC, Air	oli Kno	owled				
Геlephone No:													oli, Nav						
hereby authorize you given as under:	to debit my	accoun	t for ma	aking pa	aymer	nt to 'Ax	dis Ba	ank Lim	ited' 1	Lthroug	gh EC					the o	deta		
A. Name of the A ( As per Bank'		der																	
B. Account Num (Operative a/o																			
			<u></u>			l .													
C. Account Type	e 		] 🗌 :	Savings	s A/c		Curre	nt A/c		Cas	h Cre	edit	☐ O1	thers:					
D. MICR – 9 digit														$\Box$		Τ			
number of bar	ık & branch		<u> </u>										<u> </u>	$\perp$		$\perp$			
E. Ledger No/ Le	dger Folio N	۱o.																	
Name of the Scheme (PRODUCT)	Date o		Pariodicity						Amount of					Number of					
	From	т	·o	Periodicity (M/Bim/Qty/etc.)			Cycle Date			Installment upto					Installments				
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hereby declare that effected at all for reaso option Invitation lette	ons of incon	nplete o	r incori	rect info	ormati	on, I wo	ould i	not hold	d the	user i	nstitu	ition r	espons	sible. I	have	read	the		
Date:											Sig	natur	e of Ac	COLINT	Holde	or (e)			
		(1	Please	affix a	rubb	er stan	np in	case	of co	mpar							os e		
Certified that the E	Bank Accou				For o	office u	se o	nly)											
(Bank Stamp)											Signa	iture (	of autho	orized	bank	offici	al)		
Date:																			

Note: - 1. Mandate to be obtained in 3 Copies, Original for Bank, One for User Co and other for Customer 2. Please attach a blank cancelled cheque issued by your bank for verifying the accuracy of the MICR Code, Transaction Code, A/C No and Signature.