MANDATE FORM

UMRN | | | | | | | For Office use only | | | | | Date | D | D | M | M | Y | Y | Y | Y

Tick (✓)

| CREATE |
| MODIFY |
| CANCEL |

Sponsor Bank Code | | | | | | | | | Utility Code | **B C B M 0 0 0 0 2 0 0 0 0 0 1 1 8 9**

I/ We hereby authorize | **The Bharat Co-operative Bank (Mumbai) Ltd** | to debit (tick✓) | SB / CA /CC /SB-NRE/SB-NRO /Other

Bank a/c number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

with Bank | Name of customers 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 | 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

1. ___ Name as in bank records   2. ___ Name as in bank records   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.
- 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.

Instructions to fill Mandate

1. UMRN is auto generated during mandate creation and is mandatory to be updated during amendment and cancellation of mandate (Maximum Length - 20 Alpha Numeric Characters) 2. Date is in DD/MM/YYYY format 3. Sponsor bank IFSC/MICR code, left padded with zeroes where necessary. (Maximum Length -11 Alpha Numeric Characters) 4. Utility Code of the Service Provider. (Maximum Length - 18 Alpha Numeric Characters) 5. Name of Service Provider 6. Tick on box to select type of action to be initiated 7. Tick on box to select type of account to be affected 8. Customer's legal account number, (Maximum Length - 35 Alpha Numeric Characters) 9. Name of Bank. 10. IFSC/MICR code of customer bank. (Maximum Length -11 Alpha numeric Characters for IFSC & 9 Numeric for MICR code.) 11. Amount payable for service or maximum amount per transaction that could be processed in words 12. Amount in figures, similar to the amount mentioned in words. (Maximum Length - 13 digit Numeric, in paise) 13. Service Provider generated consumer reference number 14. Service Provider generated Scheme/Plan reference number 15. Tick on box to select frequency of transaction 16. Validity of mandate with dates in DD/MM/YYYY format 17. Name of Customer/s and signature/s as well as seal of company (where required). (Maximum Length of Name - 40 Alpha Numeric Characters) 18. Undertaking by customer 19. Permanent ID of customer e.g. PAN/Aadhaar No. 20. Telephone no. with STD code of customer 21. 10 digit mobile number of customer 22. Mail ID of customer.

I have understood that the bank, where I have authorised the debit, may levy one time mandate processing charges as mentioned in their latest schedule of charges published by the bank.

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.

Place : _____   Signature: _____   Date : _____