IndusInd Bank

UMRN: [ ] Date: [D][D][M][M][Y][Y][Y][Y]

Utility Code: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] [ ] Create [ ] Modify [ ] Cancel

Sponsor Bank Code: [_____] I/We authorize: [_____]

To debit (tick✓): SB / CA / CC / SB-NRE / SB-NRO / OTHER Bank A/c Number: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

With Bank: [_____] IFSC/MICR: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

an amount of Rupees: [_____] ₹ [_____]

Debit Type: [ ] Fixed Amount [ ] Maximum Amount **Frequency:** [ ] Monthly [ ] Quarterly [ ] Half Yearly [ ] Yearly [ ] As & when presented

Reference 1: [_____] Reference 2: [_____]

1. 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. **2.** This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity / Corporate to debit my account, based on the instructions as agreed and signed by me. **3.** 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.

From [D][D][M][M][Y][Y][Y][Y]

To [D][D][M][M][Y][Y][Y][Y]

Or [ ] Until cancelled

1. _____ Signature of Primary Account Holder 2. _____ Signature of Account Holder 3. _____ Signature of Account Holder

Phone No.: [_____]

1. _____ Name as in Bank Records 2. _____ Name as in Bank Records 3. _____ Name as in Bank Records

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 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. Tick on box to select type of action to be initiated.
6. Name of Service Provider.
7. Tick on box to select type of account to be affected.
8. Customer's legal account number, left padded with zeroes. (Maximum length - 35Alpha Numeric Characters).
9. Name of Bank and Branch.
10. IFSC/MICR code of Customer bank. (Maximum length - 11 Alpha Numeric Characters).
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. Tick on box to select frequency of transaction.
14. Service provider generated consumer reference number.
15. Telephone no. with STD code, of customer.
16. Service Provider generated Scheme/Plan references number.
17. Mail ID of Customer.
18. Validity of mandate with dates in DD/MM/YYYY format.
19. Permanent ID of customer e.g. PAN/Aadhaar No.
20. Name of customer(s) and signatures as well as seal of Company (where required). Maximum length of Name - 40 Alpha Numeric Characters).
21. Undertaking by customer.

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

Date: | D | D | M | M | Y | Y | Y | Y |

Place:

Signature