

Sponsor Bank Code Utility Code

Tick(✓)
 CREATE I/We hereby authorize NSE Clearing - New Mutual Fund Platform to debit tick (✓) SB CA CC SB-NRE SB-NRO Others
 MODIFY
 CANCEL

Bank A/c number

with Bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

IIN Mobile No.

Mandate ID Email ID

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

PERIOD

From	D	D	M	M	Y	Y	Y	Y
To	D	D	M	M	Y	Y	Y	Y

Or Until Cancelled

Signature of Primary Account Holder _____ Signature of Account Holder _____ Signature of Account Holder _____

1. _____ Name as in bank records 2. _____ Name as in bank records 3. _____ Name as in bank records

• This is to confirm 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 & signed by me.
 • I have understood that I am authorised to cancel/amend this mandate by a appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.

PLEASE DO NOT SUBMIT THE FORM WITHOUT THE ENTRY IN THE SYSTEM.

Write Name of your Bank (as in Cheque/pass book) Mandatory	Write Your Bank a/c no. (as in Cheque/pass book) Mandatory	Mention any one of Your bank code IFSC or MICR code (as in Cheque/pass book) Mandatory	Tick Bank account type Mandatory	Mention the date
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UMRN Date

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

PERIOD

From	D	D	M	M	Y	Y	Y	Y
To	D	D	M	M	Y	Y	Y	Y

Or Until Cancelled

Signature of Primary Account Holder _____ Signature of Account Holder _____ Signature of Account Holder _____

1. _____ Name as in bank records 2. _____ Name as in bank records 3. _____ Name as in bank records

• This is to confirm 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 & signed by me.
 • I have understood that I am authorised to cancel/amend this mandate by a appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.

Write Payment Start date Mandatory	Sign as per Bank records (Sign of all account holders primary & Joint required) Mandatory	Write Name of Bank account holders - as per bank records (All signatories name required) Mandatory	Write Mandate Amount (In both figure & words) To be debited Mandatory
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Mandatory columns to be filled		
① Date in DD/MM/YYYY format	② Select the Account type	③ Customer's bank account number
④ Name of the bank	⑤ IFSC code of customer bank	⑥ Amount in Words
⑦ Amount in figures	⑧ ACH start date	⑨ Name(s) of the customer(s) and Signature(s)

**NACH/ECS/AUTO DEBIT
MANDATE INSTRUCTION FORM**

UMRN

Date

Tick (✓)

Sponsor Bank Code

Utility Code

CREATE
MODIFY
CANCEL

I/We hereby authorize **ICCL**

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

Reference 1 (Mandate Reference No.)

Phone No.

Reference 2 (Unique Client Code-UCC)

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

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 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.