NSE | Mutual Fund Platform

UMRN (FOR OFFICE USE ONLY) Date

Sponsor Bank Code Utility Code

Tick(✓) CREATE ✓ / MODIFY / CANCEL

I/We hereby authorize NATIONAL SECURITIES CLEARING CORPORATION LTD. to debit tick (✓) ☐SB ☐CA ☐CC ☐SB-NRE ☐SB-NRO ☐Others

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 (FOR OFFICE USE ONLY) 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/ammendent 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

NSE | Mutual Fund Platform

UMRN (FOR OFFICE USE ONLY) Date

Sponsor Bank Code Utility Code

Tick(✓) CREATE ✓ / MODIFY / CANCEL

I/We hereby authorize NATIONAL SECURITIES CLEARING CORPORATION LTD. to debit tick (✓) ☐SB ☐CA ☐CC ☐SB-NRE ☐SB-NRO ☐Others

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 (FOR OFFICE USE ONLY) 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/ammendent 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**

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)