



FINANCIAL
PRODUCTS
DISTRIBUTORS
NETWORK

UMRN

Date

Utility Code

☒ Create ☐ Modify ☐ Cancel

Sponsor Bank Code

I/We hereby authorize

ICCL

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 authorizing 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 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.

From

Maximum period of validity of this mandate is 40 years only

To

Maximum period of validity of this
mandate is 40 years only

Signature of Primary Account Holder

Signature of Account Holder

Signature of Account Holder

Phone No.:

1. Name As per Bank Records 2. Name As per Bank Records 3. Name As per Bank Records