

DEPOSITORY DIVISION
ACCOUNTS NUMBER DETAILS

Sr. No.	Account Holder Name (s)	Depository Account No. (s)
1.		
2.		
3.		

ELECTRONIC CLEARING SERVICE (Debit Clearing Mandate Form)

1. Name (s) :
2. Bank Name :
- (A) Branch Name :
- (B) 9-Digit MICR code* :
- (C) Account Type : S.B. A/c (Code 10) Current A/c (Code 11) Cash Credit (Code 13)
- (D) Ledger No./Folio No :
- Account No :
- Date of Effect :
- Periodicity :

* Appearing on the MICR Cheque issued by the Bank (Please attach the Photocopy of a Cheque or a Blank cancelled cheque issued by your bank for verifying the accuracy of the Code Number)

I, hereby, declare that the particulars given above are correct and complete, if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information. I would not hold the user institution responsible. I hereby agree to discharge the responsibility expected of me as a participant under the scheme.

Date :



Signature of the Applicant

BANK CERTIFICATION (Not required if photocopy of the Cheque is enclosed) :

Certified that the particulars furnished above are correct as per our records.

Bank's Stamp :

Date :

Signature of authorised bank official

AUTHORISATION TO BANK FOR DEBITING THE ACCOUNT

The Branch Manager

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Dear Sir,

I/We.....residing at.....
maintain a.....Account No.....with your branch.

I/We hereby authorise the Bank to debit all types of commission/fees ("Service Charges") payable by me/us and charges by Religare Securities Limited through the ECS (Debit Clearing) facility to my bank account with you. I/We undertake the balances shall be maintained by me/us so that the right of the Bank to debit the Service Charges is not impaired. I/We hereby undertake not to revoke this authority without the written approval from the Bank.

Date: