ELECTRONIC CLEARING SERVICE (Debit Clearing) MANDATE FORM

Authorization of Customer to remit funds / payments to Standard Chartered Bank (SCB) through Electronic Clearing Service

I/We hereby, authorize SCI											_	bank	accou	nt by	ECS (Debit	Clear	ing)		
SCB Utility Code - 6009068				cept S	urat, E	3hopa I				Luck	now)		l	000	24.04	1	_			
SCB Utility Code	Code Surat 3951054 Bhopal 4 Indore 4529010 Lucknow																			
	inac	re 45.	29010	<u>' </u>		orm to					 Hers o	nlv)								
(Form to be filled up in capital letters only) CUSTOMER'S NAME																				
Applicant Name																				
Co-Applicant Name																				
					PA	RTIC	ULAR	S OF	BANK	ACC	OUNT	Г								
Account holder/s Name as in Bank Account																				
(All Account holders)																				
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Bank Name		<u> </u> 	<u> </u> 	<u> </u>	<u> </u>	<u> </u> 		<u> </u>	<u> </u> 						<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
Branch Name																				
Bank City		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>									<u> </u>		\vdash	
Account Type				 1	Cuman		<u> </u>	Cook	Cradit		1 0)								
Account Type 9 Digit MICR Codes	Sav	vings	<u> </u>]	Currer	<u> </u>		Cash	Credit]		verdrat w.e.f.				Ι			$\overline{}$	
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					PAF	RTICU	LARS	OF D	EBIT	INSTE	RUCTI	ION								
DEBIT REFERENCE NO. (loan, cell, phone, policy no. etc)																				
BANK / UTILITY NAME																				
UPPER LIMIT FOR ECS DEBIT (IN INR)																				
EXPIRY DATE	D	D	M	M	Y	Y	Y	Y												
						•	ARATI	•	ND SI	GNAT	URE/S	S								
I/we hereby declare that the pincorrect information, I/we wo service and agree to discharg ECS Debit Mandate Form to g	uld not ge the r	t hold respon	the us sibility	ser inst expect	itution red of n	espons ne/us a	sible. I/ is a par	We ha۱	/e read	all the	terms	and co	nditions	s as a	re appli	icable t	for ava	ling of	this EC	
First Account Holder							S	Second Account Holder												
Third Account Holder					F	Fourth Account Holder														
All Signatures as in the Bank Records. All Joint Account holders are required to sign.																				
				F	or us	er by	Custo	m <u>er /</u>	Acco	un <u>t H</u> a	older's	s Banl	(
We hereby certify that the mandate form, duly comp				custo	mers	furnisl	hed at	oove a						and w	e here	eby de	eclare	that a	сору	of this
Bank Stamp	Bank Stamp Signature of Authorised Official of the Bank																			
Name							Bra	Branch												
Designation Date																				

ID NO.	
ACCOUNT TITLE	
CONTACT TEL NO	
ADDRESS	
ACCOUNT NO.:	

(Please turnover to sign)

Electronic Debit Authorisation to Bank Account

(To be filled in by Borrower if repayment is through ECS)

To, The Manager Operations, Centralised Loan Processing Unit (CLPU) Standard Chartered Bank, 58, Armenian Street, Chennai - 600 001 Dear Sir, RE: Authorisation to pay loan amount vide equated monthly installments ("EMI") to CLPU, Standard Chartered Bank ("Bank") through the Electronic Debit Clearing Mechanism. Please arrange to incorporate a standing instruction to debit my / our bank account towards payment of my / our loan amount vide EMI and / or any overdue / late charges / cheque bounce charges as per the details given below: Loan account number: Loan account number: Name: Particulars of Bank account A. Name of Account Holder: B. Bank Name: C. Branch Address: D. Account Number: I / We, having a Bank loan account, as mentioned above, hereby express my / our unconditional consent to debit payments of my / our loan amount vide EMI and / or any overdue/ late charges / cheque bounce charges referred to above through participation in the Electronic Clearing System ("ECS") of the National Clearing Cell of the Reserve Bank of India and hereby unconditionally and irrevocably authorize the Bank to raise the debits on such regular payments as referred to above, against my / our bank. Account Number with bank. I / We hereby declare that the particulars given above are correct and complete and if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information I / We would not hold the Bank responsible. I / We agree and understand that my / our bank shall be informed of these debits as per the enclosed letter. I / We shall advise them of the same and I / We understand that the instruction cannot be withdrawn / cancelled except with the written consent of the Bank, for the payment of the loan amount vide EMI and / or any overdue / late charges / cheque bounce charges. Name Signature of Sole / First Account Holder

(Please Note: To be signed by all account holders as per mandate on the savings / current a/c with your bank)

Name

Signature of Second / Joint Account Holder