NACH/ECS/AUTO DEBIT MANDATE INSTRUCTION FORM

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

To

Maximum period of validity of this mandate is 40 years only

Maximum period of validity of this mandate is 40 years only

X X X

Phone No.:

1. 2. 3.