



UMRN

XX

Date 

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Tick (✓)  
CREATE   
MODIFY   
CANCEL

Sponsor Bank Code **UTIB0000248**

Utility Code

I/We hereby authorize \_\_\_\_\_ to debit (tick✓) **SB/CA/CC/SB-NRE/SB-NRO/Other**

Bank a/c number

with Bank \_\_\_\_\_ IFSC \_\_\_\_\_ or MICR \_\_\_\_\_

an amount of Rupees \_\_\_\_\_ ₹ \_\_\_\_\_

FREQUENCY  Mthly  Qtly  H-Yrly  Yrly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Reference 1 \_\_\_\_\_ Phone No. \_\_\_\_\_

Reference 2 \_\_\_\_\_ Email ID \_\_\_\_\_

"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."

PERIOD  
From 

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To 

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Or  **Until Cancelled**

Signature: 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 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. I have understood that I am authorized 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.

MANDATE FORM

10-02-2016

SBTR 173447

**AXIS BANK**

UNION  Date

Sponsor Bank Code  Utility Code

to debit (tick ✓)  SB / CA / CC / SD-NRE / SS-NRO / Other

Bank/c number

with Bank  IFSC  or MICR

an amount of Rupees

FREQUENCY  Mthly  Qtrly  H-Yrly  Yrly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Reference 1  Phone No.

Reference 2  Email ID

PERIOD

From

To

Or  Until Cancelled

This is to confirm that the above step has been carefully read, understood & made by me/ us. I am authorizing the user with Corporate to debit my account based on the instructions in signed and stamped form. I have understood that I am authorized to debit/credit the account by appropriately communicating the correct bank/branch/amount related to the above entry/entries on the bank where I have accounts of the debit.

Name and signature of primary/jointly managed a/c holder  
Mandatory on form: YES  
Mandatory in data: YES

Customer's bank IFSC/MICR  
Mandatory on form: YES  
Mandatory in data: YES

Customer's phone/mobile no and email id  
Mandatory on form: NO  
Mandatory in data: NO

Select one of the options to state Debit type "Fixed" or "Maximum"  
Mandatory on form: YES  
Mandatory in data: YES

Name of the corporate collecting the payment  
Mandatory on form: Yes  
Mandatory in data: Yes

Sponsor Bank IFSC/MICR  
Mandatory on form: NO  
Mandatory in data: YES

Unique Mandate Reference Number (UMRN) to be provided on the physical mandate, only in case of mandate cancellation

Corporate User code issued by NPCI  
Mandatory on form: NO  
Mandatory in data: YES

Mandate Date  
Mandatory on form: NO  
Mandatory in data: NO

Mandate instruction to create/modify/cancel  
Mandatory on form: YES  
Mandatory in data: YES

Name of the customer's bank where the above a/c is maintained  
Mandatory on form: YES  
Mandatory in data: YES

Frequency of payment  
Mandatory on Form: YES  
Mandatory in data: YES

FROM - Payment Starting date  
Mandatory on form: YES  
Mandatory in data: YES  
UPTO (Payment end date) or Until cancelled  
At least, one of the two needs to be mandatorily provide

Customer account type  
Mandatory on form: YES  
Mandatory in data: YES

Customer's complete a/c no. as provided on his cheque leaf  
Mandatory on form: YES  
Mandatory in data: YES

The Actual/Max Amt that is to be debited (in figures and words)  
Mandatory on form: YES  
Mandatory in data: YES