NACH/ECS/AUTO DEBIT UMRN	Date Date
MANDATE INSTRUCTION FORM 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 IFSC/MICR	
an amount of Rupees	₹
DEBIT TYPE Fixed Amount Maximum Amount FREQUENCY	Monthly Quarterly Half Yearly Yearly 🗸 As & when presented
Reference 1 Reference 1	erence 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	
Phone No.: 1 2.	3

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