

MANDATE FORM
(ELECTRONIC CLEARING SERVICE (DEBIT CLEARING))

The Manager
(Bank Name) : _____

(Branch Name) _____

(Address) _____

Telephone No.: _____

HTL/ETL/CAR LOAN A/C NO.: _____

Copy to the User Company

STATE BANK OF INDIA

Retail Assets Central
Processing Centre (OMR)

Utility Code / User No. 6009533

Telephone No.: 24542991

IFSC CODE ;SBIN0001669

I hereby authorize you to debit my account for making payment to the above loan A/C through ECS (Debit) clearing as per the details given as under:

A.	9 – DIGIT CODE NUMBER OF THE BANK & BRANCH : KOTTURPURAM	:	6	0	0	0	0	2	0	2	3
----	--	---	---	---	---	---	---	---	---	---	---

B. ACCOUNT TYPE : SB/CA/CC : SAVINGS BANK ACCOUNT

B. ACCOUNT NUMBER	:	3	0	2	7	2	8	9	0	0	0	0				
-------------------	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--

Beneficiary Name: TAMILNADU HANDICAPPED FEDERATION CHARITABLE TRUST

Name of the Scheme	Date of Effect	Periodicity (M/Bim/Qly/ etc.)	Amount of Installment	Upper Limit	Number of Installments

MORATORIUM _____ Months.

I undertake to service the interest amount as and when applied during the moratorium period.

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 have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the scheme.

NAME :

ADDRESS :

EMAIL ID :

MOBILE NO.:

DATE :

(_____)

Signature of the Customer

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

(Bank's Stamp)

Date

(_____)

Signature of the Authorized
Official from the Bank