

ECS MANDATE FORM

BENEFICIARY/ CUSTOMER'S OPTION TO RECEIVE PAYMENT THROUGH E-PAYMENT

1.	Beneficiary Name	
2.	Beneficiary address & telephone no.	
3.	Beneficiary Account No.	
4.	Account Type (Saving/Current/Cash Credit) with code 10/11/13	
5.	Nine Digit code Number of the bank & branch appearing on the MICR cheque issued by the bank (if available)	
6.	Bank Name	
7.	Branch Name and Address with telephone number	
8.	IFSC (Indian Financial Services Code)	
9.	Photocopy of the cancelled Cheque to confirm correctness of IFS Code and Account No. given	

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 incompleteness or incorrectness of information given by me as above, I would not hold the user institution responsible.

Dated _____

(_____)
Signature of Jt. Account Holder

(_____)
Signature of the Beneficiary

MTNL PC . No. _____

Date of Retirement _____

Certified that the particulars furnished above are correct as per the record.

Dated _____

Signature of the Authorized Officer
(with Bank Stamp/Seal)