

**INDIAN FINANCE GUARANTY LTD.
DEPOSITORY DIVISION**

A/c No. Details :-

S.No.	Name (s)	Depository Account No. (s)

ELECTRONIC CLEARING SERVICE (DEBIT CLEARING MANDATE FORM)

1. Name(s) :
2. Bank Name :
- A) Branch Name :
- B) 9-Digit MICR Code* :
- C) Account Type S.C. A/c (Code 10) Current A/c (Code 11) Cash Credit (Code 13)
- D) Ledger No./Folio No. _____ Account No. _____

***Applicant on the MICR Cheque Issued by the Bank (Please attach the Photocopy of a Cheque or a Bank Cancelled Cheque issued by your Bank for verifying the accuracy of the Code Number)**
I, hereby declare that the particulars given above are correct and complete. If the transactions is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I hereby agree to discharge the responsibility expected of me as a participant under the scheme.

Date : _____
Signature of the Applicant 



BANK CERTIFICATION (Not required if photocopy of the cheque is enclosed).

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

Bank's Stamp :

Date :




The Branch Manager

Dear Sir,

I/We _____ residing at _____ maintain
a _____ Account No. _____ with your branch.

I/We hereby authorise the Bank to debit all types of commission / fees (Service Charges) payable by me / us and charged by **INDIAN FINANCE GUARANTY LTD.** Through the ECS (Debit clearing) facility to my bank account with you. I/We undertake the sufficient balances shall be maintained by me/us, so that the right of the Bank to debit the Service Charges is not impaired. I/We hereby undertake not to revoke this authority without the written approval from the Bank.

SIGNED AT _____ (place), this _____
(day) of _____ (month) _____ Year _____

Signature  Name _____
Signature  Name _____
Signature  Name _____

**INDIAN FINANCE GUARANTY LTD.
DEPOSITORY DIVISION**

A/c No. Details :-

S.No.	Name (s)	Depository Account No. (s)

ELECTRONIC CLEARING SERVICE (DEBIT CLEARING MANDATE FORM)

1. Name(s) :
2. Bank Name :
- A) Branch Name :
- B) 9-Digit MICR Code* :
- C) Account Type S.C. A/c (Code 10) Current A/c (Code 11) Cash Credit (Code 13)
- D) Ledger No./Folio No. _____ Account No. _____

***Applicant on the MICR Cheque Issued by the Bank (Please attach the Photocopy of a Cheque or a Bank Cancelled Cheque issued by your Bank for verifying the accuracy of the Code Number)**
I, hereby declare that the particulars given above are correct and complete. If the transactions is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I hereby agree to discharge the responsibility expected of me as a participant under the scheme.

Date : _____
Signature of the Applicant 

BANK CERTIFICATION (Not required if photocopy of the cheque is enclosed).

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

Bank's Stamp :

Date :




The Branch Manager

Dear Sir,

I/We _____ residing at _____ maintain
a _____ Account No. _____ with your branch.

I/We hereby authorise the Bank to debit all types of commission / fees (Service Charges) payable by me / us and charged by **INDIAN FINANCE GUARANTY LTD.** Through the ECS (Debit clearing) facility to my bank account with you. I/We undertake the sufficient balances shall be maintained by me/us, so that the right of the Bank to debit the Service Charges is not impaired. I/We hereby undertake not to revoke this authority without the written approval from the Bank.

SIGNED AT _____ (place), this _____
(day) of _____ (month) _____ Year _____

Signature  Name _____
Signature  Name _____
Signature  Name _____