A/c No. Details	NDIAN FINANCE GI DEPOSITORY I		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:		
S.No.	Name (s)	Depository Account No. (s)	Date:		
	ranic (o)	Depository Account No. (s)	The Branch Manager		
ELECTRONIC	CLEARING SERVICE (DEBIT CLE	ARING MANDATE FORM)	Dear Sir.		
1. Name(s)					
2. Bank Name				residing at	
A) Branch Name				Account No	
B) 9-Digit MICR			I/We hereby authorise the	Bank to debit all types of commission / fees (Se	ervice Charges) payable by me / us an
-			with you. I/We undertake th	NCE GUARANTY LTD. Through the ECS (De ne sufficient balances shall be maintained by me	lue so that the right of the Bank to dah
		t A/c (Code 11) Cash Credit (Code 13)	the Service Charges is no	ot impaired. I/We hereby undertake not to re	voke this authority without the written
D) Ledger No./F	olio NoAccount No		approval from the Bank.		
*Applicant on the MICR Cheque Issued by the Bank (Please attach the Photocopy of a Cheque or a Bank			SIGNED AT	(place), this	
L hereby declare the	e issued by your Bank for verifying the ac	curacy of the Code Number) and complete. If the transactions is delayed or not		(month)	Year
effected at all for rea	asons of incomplete or incorrect information	I would not hold the user institution responsible 1	Signature 208	Name	
hereby agree to dis	charge the responsibility expected of me as	a participant under the scheme.		Name	
		2 7		Name	
Date:		Signature of the Applicant	Signature CO	Name	
	NDIAN FINANCE GL		BANK CERTIFIC Certified that the particular	ICATION (Not required if photocopy of the standard above are correct as per our reco	the cheque is enclosed).
	·-		Bank's Stamp :		
S.No.	Name (s)	Depository Account No. (s)	Date:		
			The Branch Manager		
ELECTRONIC CLEARING SERVICE (DEBIT CLEARING MANDATE FORM)			Dear Sir,		
1. Name(s)			I/We	residing at	maintain
Bank Name			a	Account No	with your branch
A) Branch Name					-
B) 9-Digit MICR	Code* :		I charged by INDIAN FINAN	Bank to debit all types of commission / fees (Se ICE GUARANTY LTD. Through the ECS (Deb	it clearing) facility to my bank assessed
C) Account Type	S.C. A/c (Code 10) Current	A/c (Code 11) Cash Credit (Code 13)	with you. I/we undertake the	e sufficient balances shall be maintained by me	us so that the right of the Bank to dehit
	olio NoAccount No		approval from the Bank.	ot impaired. I/We hereby undertake not to rev	
*Applicant on the I	MICR Cheque Issued by the Bank (Please	attach the Photocopy of a Cheque or a Bank	SIGNED AT	(place), this	
Cancelled Cheque	issued by your Bank for verifying the acc	curacy of the Code Number)	(day) of	(month)	Year
effected at all for rea	sons of incomplete or incorrect information	nd complete. If the transactions is delayed or not I would not hold the user institution responsible. I	Signature 10	Name	
hereby agree to disc	charge the responsibility expected of me as a	participant under the scheme.	Signature	Name	

Signature ____

Signature C

Name

Name .

Signature of the Applicant

Date :