citibank
(Incorporated with Limited Liability in the U.S.A.)

| UMRN | | | | | | | | | | | | | | | | | | | | Date | | | | | | | |

Tick (✓)

| CREATE |
| MODIFY |
| CANCEL |

Sponsor Bank Code | | | | | | **Utility Code** | | | |

I/We heredy authorize | | | | | **to debit (tick ✓)** | **SB/CA/CC/SB-NRE/SB-NRO/Other** |

Bank a/c number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

with Bank | Name of the Bank | **IFSC** | | | | | | | | | | | **or MICR** | | | | | | | | | |

an amount of Rupees | | ₹ | |

FREQUENCY ☐ Mthly ☐ Qtly ☐ H-Yrly ☐ Yrly ☐ As & when presented   **DEBIT TYPE** ☐ Fixed Amount   ☐ Maximum Amount

Reference 1 | | **Phone No.** | |

Reference 2 | | **Email ID** | |

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.

RERIOD

From | | | | | | | | | |

To | | | | | | | | | |

Or ☐ **Until Cancelled**

Signature of the account holder   Signature of the account holder   Signature of the account holder

1. _____ Name as in bank records   2. _____ Name as in bank records   3. _____ Name as in bank records

• This is to conform that the declaration has been carefully read, understood & made by me / us. I am authorizing the User entity/ Corporate to debit my account.
• I have understood that I am authorized 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.

_____ Instructions to fill Mandate: _____

1 UMRN is auto ganerated during mandate creation and is mandatory to be updated during amendment and cancelation of mandate. (Maximum length - 20 Alpha Numeric Characters)

2. Date in DD/MM/YYYY format.

3. Sponsor Bank IFSC / MICR code, left padded with zeroes where necessary. (Maximum length - 11 Alpha Numeric Characters).

4. Utility Code of the Service Provider. (Maximum length - 18 Alpha Numeric Characters)

5. Name of Service Provider.

6. Tick on box to select type of action to be initiated.

7. Tick on box to select type of account to be affected.

8. Customer's legal account number, left padded with zeroes. (Maximum length- 35 Alpha Numeric Characters)

9. Name of Bank and Branch.

10. IFSC / MICR code of customer bank. (Maximum length - 11 Alpha Numeric Characters)

11. Amount payable for service or maximum amount per transaction that could be processed, in words.

12. Amount in figures, similar to the amount mentioned in words. (Maximum length -13 digit Numeric, in paise)

13. Service Provider generated consumer reference number.

14. Service Provider generated Scheme / Plan reference number.

15. Tick on box to select frequency of transaction.

16. Validity of mandate with dates in DD/MM/YYYY format.

17. Names of customer/s and signatures as well as seal of Company (where required). (Maximum length of Name - 40 Alpha Numeric Characters) .

18. Under taking by Customer.

19. Permanent ID of customer e.g. PAN / Aadhaar No.

20. Telephone no. with STD code, of customer.

21. 10 digit mobile number of customer.

22. Mail ID of customer.

I have understood that the bank, where I have authorized the debit, may levy onetime mandate processing charges as mentioned in their latest schedule of charges published by the bank. I have understood that I am authorized to cancel/ament this mandate by appropriately communicating the cancellation / amendment request to the user entity /Corporate or the bank where I have authorized the debit.

Place: _____   Signature: _____   Date: _____