



Mandate Instruction Form for NACH/ECS/DIRECT DEBIT

UMRN

Grid for UMRN

Date

Grid for Date (DDMMYY)

Tick (✓)

Sponsor Bank Code

ICICOTREA00

Utility Code

ICIC00261000001992

- CREATE [x]
MODIFY [x]
CANCEL [x]

I/We hereby authorise

Capital First Limited

To debit (tick✓)

SB / CA / CC / SB-NRE / SB-NRO / Other

Bank a/c number

Grid for Bank a/c number

With Bank

Grid for With Bank

IFSC

Grid for IFSC

or MICR

Grid for MICR

an amount of Rupees

Grid for Rupees amount



FREQUENCY

- Monthly [x] Quarterly [] Halfyearly [] Yearly [] As & when presented [x]

DEBIT TYPE

- Fixed Amount [] Maximum Amount [x]

Reference 1

Grid for Reference 1

Phone No.

Grid for Phone No.

Reference 2

Grid for Reference 2

Email ID

Grid for 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.

PERIOD From To Or [x] Until Cancelled

Signature Primary Account Holder

Signature of Account Holder

Signature of Account Holder

1 Name as in bank records

2 Name as in bank records

3 Name as in bank records

1) This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/Corporate to debit my account. Based on the instruction as agreed and signed by me 2) 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.



Indiabulls Finance Centre, 15th Floor, Tower 2, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013

DIRECT DEBIT/ECS (DEBIT CLEARING) MANDATE FORM

To, The Branch Manager,

Table with columns: Bank Name, Branch Name, City, Pincode

I hereby authorise you to debit my account for making payment to Capital First Ltd. Through Direct Debit/ECS (Debit Clearing) as per the details given as under.

Account Number grid

Account Number should match with the cancelled cheque

MICR Code grid

MICR Code should match with the cancelled cheque

A/C Type grid

Tick as per cancelled cheque

Account Holder Name, Joint Account Holder Name grid

Account Holder Name (s) should match with the cancelled cheque

Contact Number grid

EMI Details table with columns: Date of Effect, Valid upto, Periodicity, Instalment with Upper Limit

Account Holder, Joint Account Holder, Signature of Account Holder as per bank records (and joint Account holder if applicable)

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.

Signature of Account Holder as per bank records, Signature of Joint Account Holder (if any) as per bank records

FOR BANK USE ONLY

Certified that bank account details like account number, MICR Code, A/C Type, and account holder name are correct as per our records.

Bank Stamp & Date

Authorised Bank Official's Signature

Loan Account Number (filled by CFL) grid

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing)/Direct Debit/Standing Instruction and that my payment towards my loan/investment in Capital First Limited shall be made from my/our above mentioned bank account with your bank. I/We authorise the representative of TechProcess Solutions Ltd. carrying this ECS (Debit Clearing) Direct Debit/Standing Instruction mandate form to get it verified & executed. I/We also authorise the bank to debit my account for charges towards mandate verification and transactions bounced due to 'insufficient funds' as applicable.

(Borrower)