ELECTRONIC CLEARING SERVICE (DEBIT CLEARING) MANDATE FORM

Please fill-in the information in Capital letters

The Manager

(Bank Name)_____

(Branch Name)_____

(Address) _____

Telephone No._____

Copy to the User Company

Name : Davanam Jewellerrs Pvt. Ltd.,

Address: No 8, Commercial Street Junction, Kamaraj Road, Bangalore - 560042

Telephone No: 080 - 41418181

I hereby authorize you to debit my account for making payment to **Davanam Jewellerrs Pvt. Ltd.,** through ECS (Debit) clearing as per the details given as under.

A. ***** 9-DIGIT CODE NUMBER OF THE BANK & BRANCH: (Appearing on the MICR cheque issued by the bank

B. ***** ACCOUNT TYPE : Savings: (10 / 31) / Current: (11 / 29) / Cash Credit: (13)

C. LEDGER NO / LEDGER FOLIO NO:

D. CUSTOMER PH:_____E-MAIL ID:_____

E. ***** ACCOUNT NUMBER (As per Bank Records):

F. ACCOUNT NAME (As per Bank Records):

Name of the Scheme	Date of effect	Periodicity (M/Bim/Qly/etc)	Amount of installment / Amount of bill with upper limit	Number of installments/ Valid up to (in case of utility bills)

G. DATE OF EFFECT;

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 the Customer (Account Holder/s) - In case of Joint A/c holders, Signature is required of all A/c holders.

Date :

(for official Use Only)

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

(Bank's Stamp) ----------

Date : Signature of the Authorized official from the Bank

(Note:- Mandate to be obtained in 3 copies, Original for Bank, One for User Co. and other for customer)