Form No E-5 Appendix – VIII

## **Anjali Jewellers**

**Station:** 2, Ballygunge Terrace, Kolkata-29 Ph: 033 6533 8467 / 2440 1792 / 2460 0581

## ELECTRONIC CLEARING SERVICE (DEBIT) CLEARING MANDATE FORM

The Manager (Bank)						Branch of Anjali :									
(Branch)															
(Address)															
Phone															
I hereby authorize you to debit my details given as under	account for	makin	g paymen	t to ANJALI .	JEWE	LLERS	throu	igh ECS	(Debi	t) clea	ring as	per the			
A. MICR 9-DIGIT CODE NUMBER OF THE BANK & BRANCI (Appearing on the MICR cheque issued by the bank)															
B. ACCOUNT TYPE : Saving Accou	unt 🗌	Cu	rrent Acco	ount		Cash	Credi	t							
C. LEDGER NO. / LEDGER FOLIO NO ( to be left blank by customer)	). :														
D. Mobile No. of the Customer :															
E. ACCOUNT NUMBER :															
F. Account holder Name ( as per ba	ınk's record	):	1 <sup>st</sup> A/c.	holder											
				. holder											
				holder											
Customer Reference No. assigned by Anjali Jewellers (Only our 14 digit relationship No.)		Name of the Scheme			eriodically 1/Bi M/Qty etc.)		Amount (Upper Limit in Rs )			Mandate Valid upto (End Date) / Number of installments					
	JEW PLU		10 <sup>TH</sup>	MONTHL	Y										
G. Date of Effect :															
I/We hereby declare that the pa at all for reasons of incomplete or i invitation letter and agree to discha	ncorrect info	ormati	on, I would	d not hold th	ne us	er inst	itutior	respo	nsible	. I hav					
I/We authorise the representation of the series of the field & executed. I/We also authorised bounced due to "Insufficient Funds"	ise the bank	to del								_		_			
Address of the Customer:															
Door No :				Signature(s) of the Account Holder(s). (As per Bank's record)											
Street :				1											
P.O. & P.S				2											
City	Pin		3	i								<del></del>			
FOR BANK USE ONLY															
Certified that the Bank account det	tails and sigr	atures	of the ac	count holde	rs are	e corr	ect an	d as pe	r Bank	c's rec	ords.				
Date :															
				( Stamp 8	k Sigr	nature	of the	e Autho	orised	officia	l of the	Bank )			

NAME OF THE CUSTOMER :	
MEMBERSHIP NO.:	
RELATIONSHIP NO :	
NAME OF THE SALES PERSON / FLOOR MANAGER :	
BRANCH :	