RELIGARE
Values that bind

Debit Mandate Form NACH / ECS / DIRECT DEBIT

UMRN _____ Date D D M M Y Y Y Y

Tick (✓)
- [x] CREATE
- [ ] MODIFY
- [ ] CANCEL

Sponsor Bank Code: ICIC0TREA00

Utility Code: ICIC00261000001992

I/We hereby authorize: Religare Broking Limited to debit (tick✓) SB/CA/CC/SB-NRE / SB-NRO /Other

Bank a/c number _____

with 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: DPID - I N 3 0 1 7 7 4 -

Phone No. _____

Reference 2: DP Charges

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 D D M M Y Y Y Y

To D D M M Y Y Y Y

Or ☑ 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

- 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.
- 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.