

3.66 inch



UMRN

Date

Sponsor Bank Code

Create Modify Cancel

Utility Code I/We authorize **INDIABULLS HOUSING FINANCE LIMITED**

To debit (tick ✓) SB / CA / CC / SB-NRE / SB-NRO / OTHER Bank a/c number

With Bank IFSC/MICR

An amount of Rupees ₹

Debit Type Fixed Amount Maximum Amount FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented

Reference 1 Reference 2

1. 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. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. 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.

From

Or Until Cancelled _____

Phone No. 1. _____ 2. _____ 3. _____

8 inch

Instructions to fill Mandate:

1. UMRN - To be left blank
2. Date in DD/MM/YYYY format.
3. Sponsor Bank IFSC code - to be left blank
4. Utility Code : Unique code of the entity to whom mandate is being given - to be left blank
5. Name of the entity to whom the mandate is being given, Already Filled
6. Account type - SB / CA / CC / SB-NRE / SB - NRO / Other
7. Tick - Select your appropriate Action
 - a. Create - For New Mandate
 - b. Modify - For Changes/Amendment on Existing mandate
 - c. Cancel - For cancelling the existing registered Mandate
8. Your Bank Account Number for debiting the amount
9. Name of your bank and branch
10. Your Bank Branch IFSC code or
11. Your Bank Branch MICR Code
12. Amount in words
13. Amount in Figures
14. Frequency at which the debit should happen, Already Tick
15. Whether the amount is fixed or variable, Already Tick
16. Reference - 1 : Any details requested by the entity to whom the mandate is being given
17. Reference - 1 : Any details requested by the entity to whom the mandate is being given
18. Your Phone Number
19. Your Email ID
20. Period for which the debit mandate is valid
 - a. Start Date
 - b. Tick Untill Cancelled
21. Signature of the account holder
22. Name of the account holder