

UMRN Date Sponsor Bank Code  Create Modify CancelUtility Code  I/We authorize **SAMMAAN CAPITAL 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 presentedReference 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   

Maximum period of validity of this mandate is 40 years

Phone No. 

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

## 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