NACH/ECS/AUTO DEBIT MANDATE INSTRUCTION FORM Tick (, \( \( \( \( \( \) \))) \)  Sponsor Bank Code	Utility Code
	Utility Gode
CREATE I/We hereby authorize ICCL	to debit (tick 🗸 ) SB/CA/CC/SB-NRE/SB-NRO/Other
CANCEL 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 (Mandate Reference No.)	Phone No.
Reference 2 (Unique Client Code-UCC)	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 12	3
- 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, based on the instructions as agreed and signed by me.	

- I have understood that I am authorised 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.