

Electronic Clearing Service (Debit Clearing) Mandate Form

Customer's Option to Make Payments through Debit Clearing

SCHEME NAME : **EMI PAYMENT – KTDFC LTD.** PERIODICITY OF PAYMENT : **MONTHLY**

1. NAME OF THE CUSTOMER (As per Bank A/c): _____ (Mandatory)
2. LOAN ACCOUNT No : _____ (Mandatory)
3. TELEPHONE No Resi./Off. : _____
4. MOBILE : _____
5. E-MAIL ID : _____
6. MAXIMUM AMOUNT : Rs. _____ **
7. START DATE
(Please contact KTDFC Branch(es) to the allotted dates for your loan category) : _____ From _____ _____ (Mandatory)
(Date) (Month) (Year)
8. END DATE (date of last EMI) : _____ From _____ _____ (Mandatory)
(Date) (Month) (Year)
9. PARTICULARS OF THE BANK ACCOUNT :
- NAME OF THE BANK : _____
 - NAME OF THE BRANCH : _____
 - MICR CODE : _____
 - ACCOUNT TYPE : _____ (Mandatory)
(Pl Specify SB/CA/CC/ NRE/NRO etc)
- BANK ACCOUNT No. : _____ (Mandatory)

I, hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I hereby authorise my Bank (as mentioned above) to debit my above mentioned account with the amount of installment and I agree to discharge the responsibility expected of me as a participant under the scheme.

Date: _____

Signature of the Account Holder (s)

(Mandatory) field—Cannot be blank

** Should be twice the Standard EMI – Provision for Change in Repayment schedule of the Loan
CERTIFIED THAT THE PARTICULARS FURNISHED ABOVE ARE CORRECT AS PER OUR RECORDS.

Signature of Bank Official

Important : Kindly attach a blank cancelled cheque with this Mandate form.