



GOVERNMENT OF INDIA
NATIONAL COMMISSION FOR WOMEN
4, DEEN DAYAL UPADHYAYA MARG,
NEW DELHI

**ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)
(MODEL MANDATE FORM)**

(NGO OPTION TO RECEIVE PAYMENTS THROUGH CREDIT CLEARING MECHANISM)

1. NAME OF NGO/ORGANISATION/INSTITUTE :
2. NAME OF HEAD OF ORGANISATION :
3. **NAME OF THE ACCOUNT HOLDER
IN THE BANK** :
4. REGISTRATION NO./TRUST DEED NO. :
5. OFFICIAL ADDRESS :
6. SPECIMEN SIGNATURE IN THE BANK
OF AUTHORISED OFFICIAL OF THE NGO. :

7. PARTICULARS OF BANK ACCOUNT :
- A. BANK NAME :
- B. BRANCH NAME :
Address
Telephone
- C. 9 DIGIT CODE NUMBER OF
THE BANK & BRANCH :
(Appearing on the MICR cheque
issued by the bank)
- D. R.T.G.S. No. of Bank's BRANCH :
- E. ACCOUNT TYPE :
(S.B. Account/Current Account or
Cash Credit with Code 10/11/13)
- F. LEDGER NO./LEDGER FOLIO NO. :
- G. ACCOUNT NUMBER :
(As appearing on the Cheque Book
of account holder listed at No.3 above)

In addition of the bank certificate to be obtained as under, please attach a blank cancelled cheque, or photocopy of a cheque or front page of your saving bank passbook issued by your bank for verification of the above particulars.

H. DATE OF EFFECT :

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 have read the approval letter and agree to accept all terms and conditions.

(.....)
Signature of the Authorized Signatory of the NGO/ Organisation in the Bank

Date:

Certified that the particulars furnished above are correct as per our records.
(Bank's Stamp)

(.....)
Signature of the Authorised
Official from the Bank.

Date:

Name of the Head of NGO :
Name of the authorized signatory