दि हिंदुस्थान को-ऑपरेटिव्ह बँक लि., मुंबई

**The Hindusthan Co-Op. Bank Ltd., Mumbai**

HEAD OFFICE : HORIZON TOWER, 1ST & 2ND FLOOR, JAI SHASHANK CO-OP. HSG.SOC.LTD., OPP. ATI, V.N. PURAV MARG, CHUNABHATTI, MUMBAI- 400 022.
Tel. No.: 022-2591 3999 / 2405 2121/2405 2424 / 2405 2525
Email : support@hindusthan.bank.in • Website : www.hindusthan.bank.in

**UMRN** | **Date**

**Utility Code** H C B L 0 0 0 0 1 0 0 0 0 0 1 2 3 2 ☐ Creat ☐ Modify ☐ Cancel

**Sponsor Bank Code** | **I/We hereby authorize** **The Hindusthan Co-Op. Bank Ltd.**

**To debit (tick✓)** ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRE ☐ Other | **Bank a/c Number**

**With Bank** | **IFSC/MICR**

**An amount of Rupees** | ₹

**DEBIT TYPE** ☐ **Fixed Amount** ☐ **Maximum Amount** **FREQUENCY** ☐ **Mthly** ☐ **Qtly** ☐ **H-Yrly** ☐ **Yrly** ☐ **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 bank. 2.This is to confirm that the declaration has been carefully read understood and 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. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entry/corporate or the bank where I have authorized the debit.

**From**

**To**

Maximum period of validity of this mandate is 40 years old

Maximum period of validity of this mandate is 40 years old

**Phone No. :**

1. _____ 2. _____ 3. _____


दि हिंदुस्थान को-ऑपरेटिव्ह बँक लि., मुंबई

**The Hindusthan Co-Op. Bank Ltd., Mumbai**

HEAD OFFICE : HORIZON TOWER, 1ST & 2ND FLOOR, JAI SHASHANK CO-OP. HSG.SOC.LTD., OPP. ATI, V.N. PURAV MARG, CHUNABHATTI, MUMBAI- 400 022.
Tel. No.: 022-2591 3999 / 2405 2121/2405 2424 / 2405 2525
Email : support@hindusthan.bank.in • Website : www.hindusthan.bank.in

**UMRN** | **Date**

**Utility Code** H C B L 0 0 0 0 1 0 0 0 0 0 1 2 3 2 ☐ Creat ☐ Modify ☐ Cancel

**Sponsor Bank Code** | **I/We hereby authorize** **The Hindusthan Co-Op. Bank Ltd.**

**To debit (tick✓)** ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRE ☐ Other | **Bank a/c Number**

**With Bank** | **IFSC/MICR**

**An amount of Rupees** | ₹

**DEBIT TYPE** ☐ **Fixed Amount** ☐ **Maximum Amount** **FREQUENCY** ☐ **Mthly** ☐ **Qtly** ☐ **H-Yrly** ☐ **Yrly** ☐ **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 bank. 2.This is to confirm that the declaration has been carefully read understood and 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. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entry/corporate or the bank where I have authorized the debit.

**From**

**To**

Maximum period of validity of this mandate is 40 years old

Maximum period of validity of this mandate is 40 years old

**Phone No. :**

1. _____ 2. _____ 3. _____



दि हिंदुस्थान को-ऑपरेटिव्ह बँक लि., मुंबई

**The Hindusthan Co-Op. Bank Ltd., Mumbai**

HEAD OFFICE : HORIZON TOWER, 1ST & 2ND FLOOR, JAI SHASHANK CO-OP. HSG.SOC.LTD., OPP. ATI, V.N. PURAV MARG, CHUNABHATTI, MUMBAI- 400 022.
Tel. No.: 022-2591 3999 / 2405 2121/2405 2424 / 2405 2525
Email : support@hindusthan.bank.in • Website : www.hindusthan.bank.in

**UMRN** | **Date**

**Utility Code** H C B L 0 0 0 0 1 0 0 0 0 0 1 2 3 2 ☐ Creat ☐ Modify ☐ Cancel

**Sponsor Bank Code** | **I/We hereby authorize** **The Hindusthan Co-Op. Bank Ltd.**

**To debit (tick✓)** ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRE ☐ Other | **Bank a/c Number**

**With Bank** | **IFSC/MICR**

**An amount of Rupees** | ₹

**DEBIT TYPE** ☐ **Fixed Amount** ☐ **Maximum Amount** **FREQUENCY** ☐ **Mthly** ☐ **Qtly** ☐ **H-Yrly** ☐ **Yrly** ☐ **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 bank. 2.This is to confirm that the declaration has been carefully read understood and 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. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entry/corporate or the bank where I have authorized the debit.

**From**

**To**

Maximum period of validity of this mandate is 40 years old

Maximum period of validity of this mandate is 40 years old

**Phone No. :**

1. _____ 2. _____ 3. _____