

University of Mumbai
MANDATE FORM

ELECTRONIC CLEARING SERVICES (CREDIT CLEARING)/REAL TIME GROSS SETTLEMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS

A. DETAIL OF ACCOUNT HOLDER:-

NAME OF ACCOUNT HOLDER	
COMPLETE CONTACT ADDRESS	
TELEPHONE NUMBER /FAX/EMAIL	

BENEFICIARY BANK DETAILS
BANK ACCOUNT INFORMATION FOR RECEIVING PAYMENT THROUGH RTGS / NEFT

SR NO	DESCRIPTION	PARTICULAR
1	BENEFICIARY NAME	
2	NAME OF BANK	
3	ACCOUNT NO	
4	ACCOUNT TYPE SB/CA/CC	
5	BANK ADDRESS	
6	IFS CODE	

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 option invitation letter and agree to discharge responsibility expected of me as a participant under the Scheme.

(Stamp) (.....)
Signature of Customer

Date:

Certified that the particular furnished above are correct as per our records.

(Bank's Stamp) (.....)
Signature of Manager of the Bank.

Date:

1. Please attach a photocopy of cheque alongwith the verification obtained from the bank.
2. In case you Bank Branch is presently not "RTGS enable", then upon its up gradation to "RTGS Enable " branch , please submit the information again in the above Performa to the Department at earliest