

MANDATE FORM FOR AVAILING CMP MODE OF PAYMENT

a.	Name of Firm/Beneficiary.	
b.	NAME (as in Bank Account).	
c.	Bank A/C No.	
d.	A/C Type (Saving/Current).	
e.	Name of Bank.	
f.	Name of Bank Branch.	
g.	Address of Bank Branch.	
h.	IFSC Code of the Bank Branch.	
i.	E-mail address of Beneficiary.	
j.	Mobile/ telephone no Beneficiary.	

Please paste Cancelled cheque/ copy of cancelled cheque below:

Signatures of Authorized Signatory

Seal