Appendix-VIII FORM NO. E-5

Electronic Clearing Service (Credit Clearing) Mandate Form

(Customer's o	ption to receive paymo	ents through Credit Clearing Mechanism)
Name of the S	cheme and Periodicity	of Payment : Annuity Payment (M/Q/H/Y)
Annui	ty Docket No.	
1. Customer's	Name:	Phone No.
2. Particulars	of bank Account	
a) Name of th	e Bank :	
b) Branch Ad	dress :	
Tel No.	:	
c) MICR Cod	e :	
IFSC Code	:	
d) Account No	· :	
e) Account typ	e :	
Declaration :		
transaction is information, I	delayed or not effe would not hold the r and agree to dischar	ars given above are correct and complete. If the cted at all for reasons of incomplete or incorrect user institution responsible. I have read the option rge the responsibility expected of me as a participant
Date :		Signature of the Annuitant
Certified that t	he particulars furnishe	ed above are correct as per our records.
Date :	Bank Seal	Signature of the authorized official of the Bank

* Please enclose Cancelled Cheque/Photostat copy of Cheque leaf of your account and a Photostat copy of Pass book $1^{\rm st}$ page.