C

HDB FINANCIAL SERVICES

UMRN [ ]   Date [D][D][M][M][Y][Y][Y][Y]

Utility Code [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   ✓ Create ◯ Modify ◯ Cancel

Sponsor Bank Code [ ]   I / We authorize   **HDB FINANCIAL SERVICES LTD.**

To debit (tick✓)   SB / CA / CC / SB-NRE / SB-NRO /OTHER   Bank a/c number [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

With Bank [ ]   IFSC / MICR [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

an amount of Rupees [ ]   ₹ [ ]

Debit Type [X] Fixed Amount [✓] Maximum Amount   Frequency [✓] Monthly [X] Quarterly [X] Half Yearly [X] Yearly [X] 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 the bank.   2. This is to confirm that the declaration has been carefully read, understood & 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 entity/ corporate or the bank where I have authorized the debit. 4. This ACH Mandate shall be valid & binding on me / us for all the agreement / loan accounts with HDB Financial Services Ltd.

From [D][D][M][M][Y][Y][Y][Y]
To [D][D][M][M][Y][Y][Y][Y]

Maximum period of validity of this mandate is 40 years only

Maximum period of validity of this mandate is 40 years only

1. _Signature of Primary Account holder_   2. _Signature of Account holder_   3. _Signature of Account holder_

Phone No. [ ]   1. _Name as in bank records_   2. _Name as in bank records_   3. _Name as in bank records_

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B

HDB FINANCIAL SERVICES

UMRN [ ]   Date [D][D][M][M][Y][Y][Y][Y]

Utility Code [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   ✓ Create ◯ Modify ◯ Cancel

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With Bank [ ]   IFSC / MICR [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

an amount of Rupees [ ]   ₹ [ ]

Debit Type [X] Fixed Amount [✓] Maximum Amount   Frequency [✓] Monthly [X] Quarterly [X] Half Yearly [X] Yearly [X] As & when presented

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From [D][D][M][M][Y][Y][Y][Y]
To [D][D][M][M][Y][Y][Y][Y]

Maximum period of validity of this mandate is 40 years only

Maximum period of validity of this mandate is 40 years only

1. _Signature of Primary Account holder_   2. _Signature of Account holder_   3. _Signature of Account holder_

Phone No. [ ]   1. _Name as in bank records_   2. _Name as in bank records_   3. _Name as in bank records_

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A

HDB FINANCIAL SERVICES

UMRN [ ]   Date [D][D][M][M][Y][Y][Y][Y]

Utility Code [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   ✓ Create ◯ Modify ◯ Cancel

Sponsor Bank Code [ ]   I / We authorize   **HDB FINANCIAL SERVICES LTD.**

To debit (tick✓)   SB / CA / CC / SB-NRE / SB-NRO /OTHER   Bank a/c number [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

With Bank [ ]   IFSC / MICR [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

an amount of Rupees [ ]   ₹ [ ]

Debit Type [X] Fixed Amount [✓] Maximum Amount   Frequency [✓] Monthly [X] Quarterly [X] Half Yearly [X] Yearly [X] 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 the bank.   2. This is to confirm that the declaration has been carefully read, understood & 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 entity/ corporate or the bank where I have authorized the debit. 4. This ACH Mandate shall be valid & binding on me / us for all the agreement / loan accounts with HDB Financial Services Ltd.

From [D][D][M][M][Y][Y][Y][Y]
To [D][D][M][M][Y][Y][Y][Y]

Maximum period of validity of this mandate is 40 years only

Maximum period of validity of this mandate is 40 years only

1. _Signature of Primary Account holder_   2. _Signature of Account holder_   3. _Signature of Account holder_

Phone No. [ ]   1. _Name as in bank records_   2. _Name as in bank records_   3. _Name as in bank records_

―――――――――――――――――― Instructions to fill Mandate : ――――――――――――――――――

1. UMRN is auto generated during mandate creation and is mandatory to be update during amendment and cancellation of mandate. (Maximum length-20 Alpha Numeric Characters)

2. Date in DD/MM/YYYY format

3. Sponsor Bank IFSC / MICR code, left padded with zeroes where necessary. (Maximum length-11 Alpha Numeric Characters)

4. Utility code of the Service Provider (Maximum length-18 Alpha Numeric Characters)

5. Tick on box to select type of actions to be initiated.

6. Name of Service Provider

7. Tick on box to select type of account to be effected.

8. Customer's legal account number, left padded with zeroes. (Maximum length-35 Alpha Numeric Characters)

9. Name of Bank and Branch.

10. IFSC / MICR code of customer bank. (Maximum length-11 Alpha Numeric Characters)

11. Amount payable for service or maximum amount per transaction that could be processed, in words.

12. Amount in figures, similar to the amount mentioned in words. (Maximum length-13 digit Numeric in Paise)

13. Tick on box to select frequency of transaction.

14. Debit type fixed amount or maximum amount, Select one.

15. Service Provider generated consumer reference number.

16. Service Provider generated Scheme / Plan reference number.

17. 10 digit mobile number / Telephone no with STD code of customer

18. Mail ID of customer

19. Validity of mandate with dates in DD/MM/YYYY format.

20. Names of customer/s and signatures as well as seal of company (where required) (Maximum length-40 Alpha Numeric Characters)

21. Undertaking by customer.