


## Aadhar Housing Finance Ltd


Applicant Name	:	_____	Co-Applciant Name	:	_____
Mobile No.	:	_____	Mobile No.	:	_____
Email ID	:	_____	Email ID	:	_____
Communication Address	:	_____			

Application No : \_\_\_\_\_ Branch Code : \_\_\_\_\_ AHFL Branch \_\_\_\_\_

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 authorising 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. The maximum amount in twice of the present EMI Rs. as provision for the future increase in EMI value due to increase in variable interest Rate.

Date : \_\_\_\_\_ Printed By : \_\_\_\_\_

		UMRN <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	Date <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
GHAR BANEGA, TOH DESH BANEGA.			
Utility Code	<span style="border: 1px solid black; padding: 2px;">Y E S B 0 0 1 6 6 0 0 0 0 3 1 9 1</span>	<input type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL	
Sponsor Bank Code	<span style="border: 1px solid black; padding: 2px;">UTIB0000248</span>	I / We hereby Authorize <span style="border: 1px solid black; padding: 2px; text-align: center;">Aadhar Housing Finance Ltd</span>	
to debit (tick) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> other	Bank A/C Number <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px;"></span>		
With Bank	<span style="border: 1px solid black; display: inline-block; width: 400px; height: 20px;"></span>		IFSC
an amount of Rupees	<span style="border: 1px solid black; display: inline-block; width: 400px; height: 20px;"></span>		₹ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
DEBIT TYPE <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	FREQUENCY <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input type="checkbox"/> As & when presented		
Reference 1:	<span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px;"></span>		Reference 2:
1. I agree for the debit of mandate processing charges by 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 authorising 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.			
_____			
(Sign of primary account holder)		(Sign of account holder)	
_____		_____	
Joint A/c Holder Name			

	UMRN	<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; height: 10px;"></div> </div>	Date	<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; height: 10px;"></div> </div>
GHAR BANEGA, TOH DESH BANEGA.				
Utility Code	<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; height: 10px;"></div> </div>	<input type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL		
Sponsor Bank Code	<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; height: 10px;"></div> </div>	I / We hereby Authorize <b>Aadhar Housing Finance Ltd</b>		
to debit (tick )	<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> other	Bank A/C Number	<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; height: 10px;"></div> </div>	
With Bank	<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; height: 10px;"></div> </div>		IFSC	<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; height: 10px;"></div> </div>
an amount of Rupees	<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; height: 10px;"></div> </div>		₹	<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; height: 10px;"></div> </div>
DEBIT TYPE	<input type="checkbox"/> Fixed Amount <input type="checkbox"/> Maximum Amount	FREQUENCY	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input type="checkbox"/> As & when presented	
Reference 1:	<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; height: 10px;"></div> </div>		Reference 2:	<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; height: 10px;"></div> </div>
1.I agree for the debit of mandate processing charges by 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 authorising 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.				
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> <p>PERIOD</p> <div style="border: 1px solid black; padding: 5px;"> <p>Form <div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"><div style="position: absolute; top: 0; left: 0; right: 0; height: 10px;"></div></div></p> <p>To <div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"><div style="position: absolute; top: 0; left: 0; right: 0; height: 10px;"></div></div></p> <p>or <div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"><div style="position: absolute; top: 0; left: 0; right: 0; height: 10px;"></div></div> Until Cancelled</p> </div> <div style="width: 30%; text-align: center;"> <p>_____</p> <p>(Sign of primary account holder)</p> <p>_____</p> </div> <div style="width: 30%; text-align: center;"> <p>_____</p> <p>(Sign of account holder)</p> <p>_____</p> </div> <div style="width: 30%; text-align: center;"> <p>_____</p> <p>(Sign of account holder)</p> <p>_____</p> </div> </div> <div style="text-align: center; margin-top: 10px;"> <p>Joint A/c Holder Name</p> </div> </div>				
Phone	<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; height: 10px;"></div> </div>			