

**NACH MANDATE FORM**  
Aadhar Housing Finance Ltd

Applicant Name : \_\_\_\_\_  
Mobile No. : \_\_\_\_\_  
Email ID : \_\_\_\_\_  
Communication Address : \_\_\_\_\_

Co-Applicant Name : \_\_\_\_\_  
Mobile No. : \_\_\_\_\_  
Email ID : \_\_\_\_\_

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	Date				
<b>GHAR BANEGA, TOH DESH BANEGA.</b>							
Utility Code <b>Y E S B 0 0 1 6 6 0 0 0 0 0 3 1 9 1</b>		<input type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL					
Sponsor Bank Code <b>UTIB0000248</b>		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					
With Bank		IFSC					
an amount of Rupees		₹					
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:		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.							
<b>PERIOD</b>							
Form <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		_____		_____		_____	
To <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		_____		_____		_____	
or <input type="checkbox"/>		Until Cancelled					
(Sign of primary account holder)    (Sign of account holder)    (Sign of account holder)							
Joint A/c Holder Name							
Phone							

		UMRN	Date				
<b>GHAR BANEGA, TOH DESH BANEGA.</b>							
Utility Code		<input type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL					
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<b>PERIOD</b>							
Form <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		_____		_____		_____	
To <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		_____		_____		_____	
or <input type="checkbox"/>		Until Cancelled					
(Sign of primary account holder)    (Sign of account holder)    (Sign of account holder)							
Joint A/c Holder Name							
Phone							