

**NACH/ECS/AUTO DEBIT
MANDATE INSTRUCTION FORM**

UMRN

Date

Tick (✓)

CREATE

MODIFY

CANCEL

Sponsor Bank Code

UTIB0000248

Utility Code

UTIB00853000018048

I / we hereby authorize

Abhipra Capital Limited Collection Account NPS NPS Trust

to debit (tick ✓)

SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c Number

with Bank

IFSC

or MICR

an amount of Rupees

₹

FREQUENCY Mthly Qtrly H Yrly Yrly As & when presented

DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 (PRAN ID)

Phone No.

Reference 2 (Mandate ID)

Email ID

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.

PERIOD

From

To

Or Until Cancelled

1

Signature

Name

2

Signature

Name

3

Signature

Name

This is to confirm that the declaration has been carefully read, understood and 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. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment to the User Entity / Corporate or the bank where I have authorized the debit.

Auto Debit Mandate Form

Manager
Abhipra Capital Limited
Abhipra Complex, A-387,
Dilkhush Indl Area, G T Karnal Road,
Azadpur, Delhi - 110033



Subject: Authorization for auto debit

Dear Sir,

I have registered myself for National Pension Scheme. I am willing to participate in Abhipra auto invest scheme through NACH facility.

I hereby authorize Abhipra Capital Limited to collect money from my bank account for the purposes of investment in NPS and related service charges as per details provided under.

I hereby under take that in case the transaction is delayed for reasons beyond the control of the beneficiary and its representatives or on account of incomplete or incorrect information, I shall not hold any of them responsible. I shall keep indemnified for claims and actions, that beneficiary or representative may incur, for reason of execution in conformity with this.

PRA Holder's Name

PRAN ID

Periodicity

As per Instructions

Monthly

Quarterly

Date of Investment

05

10

15

20

25

Amount

Amount in Words

Name : _____

Signature : _____