Debit Mandate Form NACH /ECS / DIRECT DEBIT

| UMRN | F | O | R | | O | F | F | I | C | E | | U | S | E | | O | N | L | Y | | Date | | | | | | | |

Sponsor Bank Code 400200002   **Utility Code** DEUT00041000013857

Tick (✓)
CREATE ✓
MODIFY
CANCEL

I/We hereby authorize DEUTSCHE BANK AG   **to debit (tick ✓)**   SB /CA /CC /SBNRE/SB‑NRO/Other

Bank a/c number

with Bank Name of customers bank   **IFSC**   **or MICR**

an amount of Rupees Amount in words   ₹

FREQUENCY ☐ Mthly ☐ Qtly ☐ H‑Yrly ☐ Yrly ☑ As & when presented   **DEBIT TYPE** ☐ Fixed Amount ☑ Maximum Amount

Reference 1 Loan Account Number   **Phone No.** optional

Reference 2 Application Number (optional)   **Email ID** optional

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**

Signature Primary Account holder   Signature of Account holder   Signature of Account holder

1. Name as in bank records   2. Name as in bank records   3. Name as in bank records

- 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 instruction as agreed and signed by me.
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate of the bank where I have authorized the debit.

Instructions to fill Auto Debit Form and Terms and Conditions

Following fields need to be filled mandatorily:-

— Date: In format DD/MM/YYYY
— The appropriate checkbox to create the mandate has been preselected for your convenience
— Bank A/c Type: Tick the relevant box
— Fill Bank Account Number
— Fill name of Destination Bank
— IFSC / MICR code: Fill respective code
— Mention amount of mandate
— Frequency of mandate has been preselected for your convenience
— Debit Type has been preselected as 'Maximum value' for your convenience
— Reference 1: Mention Loan Account Number
— Reference 2: Mention Application Number (Optional)
— Telephone Number (Optional)
— Email ID (Optional)
— Period: 'Until cancelled' has been preselected for your convenience
— Signature as per bank account
— Name: Mention Account Holder Name as Per Bank Record

— Auto Debit Mandate request will be accepted only if the "Bank" mentioned in the request form is listed in the NACH banks list.

The following applications will be considered as incomplete and are liable to be rejected:

— If the Loan Account number mentioned in the Auto Debit mandate registration form does not match with our record, the Auto Debit mandate will not be registered.
— Incase multiple frequencies are selected
— Incase multiple Debit types are selected
— Incase both From and To period and until cancelled has been opted
— In case Signature and / or Name provided on the mandate form is not found in order by the Destination Bank