

MANDATE FORM

**ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)/GR REAL TIME GROSS SETTLEMENTS
(RTGS) FACILITY FOR RECEIVING PAYMENTS**

A.

DETAIL OF ACCOUNT HOLDER:-

NAME OF ACCOUNT HOLDER	PLAN INTERNATIONAL (INDIA CHAPTER) SCM-GF (2024-27)
COMPLETE CONTACT ADDRESS	1 COMMUNITY CENTRE ZAMRUDPUR G.K PART 1, NEW DELHI 110048
TELEPHONE NUMBER/FAX/EMAIL	

B. **BANK ACCOUNT DETAILS:-**

BANK NAME	STATE BANK OF INDIA
BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE NUMBER AND EMAIL	16 COMMUNITY CENTRE ZAMRUDPUR G.K PART 1, NEW DELHI 110048
WHETHER THE BRANCH IS COMPUTERISED?	YES
WHETHER THE BRANCH IS RTGS ENABLED? IF YES, THEN WHAT IS THE BRANCH'S IFSC CODE	YES, SBIN0001078
IS THE BRANCH ALSO NEFT ENABLED?	YES
TYPE OF ACCOUNT (SB/CURRENT/CASH CREDIT)	SAVINGS ACCOUNT
COMPLETE BANK ACCOUNT NUMBER (LATEST)	43308533690
MICR CODE OF BANK	110002042

DATE OF EFFECT: -

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected all for reasons of incomplete or incorrect information I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the scheme.



[Handwritten Signature]
.....)
Signature of Customer

Date: 02/09/2024

Certified that the particulars furnished above are correct as per our records.

(Bank's Stamp)



.....)
Signature of Bank

Date: 02/09/2024