



**To,**

The Branch Manager,

Bank Name:

Branch Name:

Address 1:

Address 2:

Address 3:

City:

Pin Code:

Sub: Authorization letter for Verification of account details towards submission of ECS mandate form

Dear Sir/ Madam,

I/ We hereby authorize bearer of this letter to validate the credentials ( Name of Account Holder, Account No., Account type, Signature etc.,) furnished to GEPL Capital Private Limited regarding my/our account in your branch.

I/ We hereby authorize the bank to debit my account towards charges for ECS mandate verification if any applicable.

Thanking You,

Yours truly,

X \_\_\_\_\_

**Signature of Account Holder(s)**

Name of Account Holder:

Address 1:

Address 2:

Address 3:

City:

Pin Code:

Tel:

Mobile:

UTILITY/USER CODE **4000137**

**MANDATE FORM**  
**ELECTRONIC CLEARING SERVICE (DEBIT CLEARING)**

The Manager  
Bank Name.....  
Branch Name.....  
Address.....  
  
Tel. No: .....

**Copy to the User Company**

**Name:** GEPL Capital Pvt. Ltd.

**Address:** D-21, Dhanraj Mahal,  
C S M Marg, Colaba,  
Mumbai – 400 001

I hereby authorize you to debit my account for making payment to **GEPL CAPITAL PRIVATE LIMITED** through ECS (Debit) clearing as per the details given as under:

- A. Name of account Holder
- B. 9 Digit MICR Code
- C. Account Type
- D. Account number
- E. Date of Effect

Scheme Name	Date of Effect		Frequency (Monthly)	Amount (Upper Limit)	No. of Installments
	From	To			
GETF					

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at 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 the responsibility expected of me as a participant under the scheme.

.....  
Signature of the Customer

Date:

**\*Please affix a rubber stamp in case of companies, proprietorships, partnerships etc.**

Certified that the particulars furnished above are correct as per our records & we have updated our records.

.....  
Signature of authorized official from the Bank

Bank Stamp

(Please attach the photocopy of a cheque or a blank cancelled cheque issued by your bank for verifying the accuracy of the MICR Code, Transaction Code and A/C No)

(Note: - Mandate to be obtained in 3 Copies, Original for Bank, One for User Co and other for customer)

**MANDATE FORM**  
**ELECTRONIC CLEARING SERVICE (DEBIT CLEARING)**

The Manager  
 Bank Name.....  
 Branch Name.....  
 Address.....  
 Tel. No: .....

**Copy to the User Company**


**Name:** GEPL Capital Pvt. Ltd.  
**Address:** D-21, Dhanraj Mahal,  
 C S M Marg, Colaba,  
 Mumbai – 400 001

I hereby authorize you to debit my account for making payment to **GEPL CAPITAL PRIVATE LIMITED** through ECS (Debit) clearing as per the details given as under:

- F. Name of account Holder
- G. 9 Digit MICR Code
- H. Account Type
- I. Account number
- J. Date of Effect

Scheme Name	Date of Effect		Frequency (Monthly)	Amount (Upper Limit)	No. of Installments
	From	To			
GETF					

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at 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 the responsibility expected of me as a participant under the scheme.

.....  
 Signature of the Customer

Date:

**\*Please affix a rubber stamp in case of companies, proprietorships, partnerships etc.**

Certified that the particulars furnished above are correct as per our records & we have updated our records.

.....  
 Signature of authorized official from the Bank

Bank Stamp

(Please attach the photocopy of a cheque or a blank cancelled cheque issued by your bank for verifying the accuracy of the MICR Code, Transaction Code and A/C No)  
 (Note: - Mandate to be obtained in 3 Copies, Original for Bank, One for User Co and other for customer)

**MANDATE FORM**  
**ELECTRONIC CLEARING SERVICE (DEBIT CLEARING)**

The Manager  
 Bank Name.....  
 Branch Name.....  
 Address.....  
 Tel. No: .....

**Copy to the User Company**


**Name:** GEPL Capital Pvt. Ltd.  
**Address:** D-21, Dhanraj Mahal,  
 C S M Marg, Colaba,  
 Mumbai – 400 001

I hereby authorize you to debit my account for making payment to **GEPL CAPITAL PRIVATE LIMITED** through ECS (Debit) clearing as per the details given as under:

- K. Name of account Holder
- L. 9 Digit MICR Code
- M. Account Type
- N. Account number
- O. Date of Effect

Scheme Name	Date of Effect		Frequency (Monthly)	Amount (Upper Limit)	No. of Installments
	From	To			
GETF					

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at 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 the responsibility expected of me as a participant under the scheme.

.....  
 Signature of the Customer

Date:

**\*Please affix a rubber stamp in case of companies, proprietorships, partnerships etc.**

Certified that the particulars furnished above are correct as per our records & we have updated our records.

.....  
 Signature of authorized official from the Bank

Bank Stamp

(Please attach the photocopy of a cheque or a blank cancelled cheque issued by your bank for verifying the accuracy of the MICR Code, Transaction Code and A/C No)  
 (Note: - Mandate to be obtained in 3 Copies, Original for Bank, One for User Co and other for customer)