ANNEXURE-A Mandate Form for e-Payment

ne(Head of Office)
(Address of the Office)

Subject: Payment through electronic mode

	Subject 1 Lymons 1111
Sir, I/We an hereinan	n/are giving option for availing the facility of e-Payment. Kindly arrange to remit the amount to my /our Bank Account ter. The details of my/our particulars are furnished below:
1.	(a) Name of the claimant /Payee /Receipt: (Capital Letters)
	(b) Address:
	(c) Contact. Land Line: Mobile:
	(d) Email Address:
	(e) ID No.**
	(f) PAN No:
2.	(a) Name of Bank:
	(b) Name of Bank Branch
	(c) Account Type: Savings /Current / Cash-Credit Account
	(d) Bank Account No. (CBS alrowed a/c no.):
	(e) Branch IFSC (11 digits):
	The Bank particulars furnished above is correct and true
	I/We hereby declare that I /We and my/ our heirs and successors accept the liability of making good to Government the overpayment, if any, made to me /us under the scheme.
	I/We hereby authorise
	Yours faithfully,
	(Signature of the claimant /payee/recipient) (To be accepted by the Head of Office)
	Signature of the Head of Office
N. B.	Date: (Office Seal) (a) ID No. & Nature of ID: ID No. (i) For Individual: It should be the Voter Card / Aadhar Card / PAN Card / Any other
Identit	y card issued by State Government / Central Government / Government Autonomous Bodies /Local Bodies, (ii) For omous Body /Firm/Company: Registration No./ PAN / TAN Number or Trade License.

(b) Verification of Bank Particular: Copy of 1st Page of the Pass-Book along with a copy of cancelled cheque or certified by the concerned Bank Branch.