**GOVERNMENT OF GOA**

**DIRECTORATE OF ACCOUNTS**

**MARGAO – GOA.**

ELECTRONIC CLEARING SERVICE (CREDIT CLERING)

**MANDATE FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Officers Bill Code No.  (Alloted by Dte. Of Accounts) |  |  | User Code No. | 4033252 |

1. Name of the Officer/Official :-…………………………………………..

(a)Mobile No. of the officer/official :-…………………………………………..

2. Particular of Bank Account :-…………………………………………..

(a) Name of the Bank :-…………………………………………..

(b) Name of the Branch :-…………………………………………..

(c) Address :-…………………………………………..

(d) Telephone No. :-…………………………………………..

(e) 9 digit code no. of the Bank and Branch

as appearing on MICR cheque. :-…………………………………………..

(f) Type of Account :-…………………………………………..

(g) Account No. (as appearing on cheque book) :-……………………………………….....

(In lieu of the bank certificate to be obtained as under , please attach a blank cancelled cheque or photocopy of a cheque and front page of your savings pass book issued by your Bank for verification of the above particulars)

3. Date of effect

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 option invitation circular and agree to discharge the responsibility expected of me participant under the scheme.

Signature of the Officer/ official

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

Bankers Stamp

Date Signature of the authorized

Official of the bank

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Note:- All columns/data should be filled in block/capital letters.