

**SBI DIRECT DEBIT MANDATE**

Date:

State Bank of India  
CMP Operations Center, Hyderabad

Dear Sir,

- I am a consumer of *Mahanagar Gas Ltd.* I/We hereby instruct you to pay Mahanagar Gas Limited by debit/ to my/our account number ----- with sweeping the monthly bill amount available in the account at specific intervals as may be requested by Mahanagar Gas Ltd.
- The request from Mahanagar Gas Ltd may be conveyed in any form, including an electronic form.
- Whatever amounts so transferred / debited /deducted by you from my aforesaid account pursuant to the request of Mahanagar Gas Ltd shall be final and binding on me/us, and I/we will not dispute the same.
- I/we will not revoke or cancel this mandate without giving prior written notice of not less than 30 days to the Bank and Mahanagar Gas Ltd
- I/We also authorize SBI to share the information of my account like account name, account number, funds available, funds transferred or whatsoever deemed necessary by Mahanagar Gas Ltd at specific intervals

Signature of Customer: \_\_\_\_\_  
 (Authorised signatory(s) with seal if any)  
 Name of Customer: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Address of Customer with Tel No & STD code:  
 E-mail id:

**DETAILS TO BE FILLED UP AND VERIFIED BY THE SBI BRANCH**

Name of the Account Holder:		Account Type:	
Account Number:		Branch Code:	
Name of the Branch:		Tel No: AGM/CM:	
Address of Branch:			
Certified that the signature(s) have been verified and the particulars furnished above are correct as per our records and the authorized signatories have necessary power to sign.			
		Bank's Stamp	
(Signature of the Authorized Official of the Bank)			
Specimen Signature Number:			
Name: _____	Designation: _____	Branch: _____	

**DETAILS TO BE FILLED UP BY THE CLIENT (CORPORATE):**

Name : .....Limited ( )  
 Contact Persons : i. ii.  
 with designations  
 Address:  
 Tel No(s)(with STD code) : E mail-id(s) :  
 Fax No (s) :

Signature of the Authorized Official of Co :  
 Name & Designation & Seal :

**TO BE FILLED UP AND VERIFIED BY SBI CMP FOR ENABLING THE DEALER AND CLIENT (CORPORATE) UNDER THE SBI DIRECT DEBIT:**

- i. Mandate received on :
- ii. Registration No :
- iii. Date of Registration :
- iv. Client advised on :

Entered by(sign) Name :	Authorised by (sign) Name
Designation:	Designation