

NCHL-IPS Mandate Form

(As per NCHL-IPS Operating Rules 9.8.3)

Mandate Reference Number: _____
Bank use only

Date:

D	D	M	M	Y	Y	Y	Y

I/We hereby authorize to debit my account maintained with my bank/ FI to credit account of _____ Name of Beneficiary/ Creditor/ Service providers
 _____ with an amount for payment towards the Service/Scheme/Plan
 provided by you/your Company as mentioned below.

Section 1: Mandate Information

Payment Type: <input type="checkbox"/> Fixed <input type="checkbox"/> Ceiling Payment Frequency: <input type="checkbox"/> Every _____ Week <small><Weekday></small> <input type="checkbox"/> Every _____ Month <input type="checkbox"/> Every _____ Year	Start Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y	End Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y	Purpose: <input type="checkbox"/> Utility <input type="checkbox"/> Installment <input type="checkbox"/> Fee <input type="checkbox"/> Insurance <input type="checkbox"/> Credit Card <input type="checkbox"/> Others _____ <small><Pre-printed for specific Creditor></small>
D	D	M	M	Y	Y	Y	Y																												
D	D	M	M	Y	Y	Y	Y																												
Amount of / up to: _____ <small>Amount in words</small>		<table border="1" style="display: inline-table; border-collapse: collapse; width: 50px; height: 20px;"> <tr><td style="text-align: center;"> </td></tr> </table>		<table border="1" style="display: inline-table; border-collapse: collapse; width: 150px; height: 20px;"> <tr><td style="text-align: center;"> </td></tr> </table>																															
		<small>Currency</small>	<small>Amount in figure</small>																																

Section 2: Creditor Information (Beneficiaries/ Payee)

Creditor Name:	<small><Pre-printed for specific Creditor></small>		
Creditor Bank/FI:	<small><Pre-printed for specific Creditor></small>	Branch:	<small><Pre-printed for specific Creditor></small>
Creditor Account:	<small><Pre-printed for specific Creditor></small>		
Service Type:	<small>Identification Type of Purpose <Pre-printed for specific Creditor></small>	Service ID:	<small>Identification No. of Purpose</small>
Contact Details:	Address: <small><Pre-printed for specific Creditor></small> Tel: _____ E-mail: _____		

Section 3: Debtor Information (Customer/ Payer)

Debtor Name:			
Debtor Bank/FI:		Branch:	
Debtor Account:			
Debtor Id Type:	<small>Identification Type of Debtor</small>	Debtor Id No:	<small>Identification no. of Debtor</small>
Contact Details:	Address: _____ Tel: _____ Mobile: _____ E-mail: _____		

Terms and Conditions:

1. I/We shall be responsible for any amendment in my/our contact details through my/our bank/FI and request for such amendment shall be made at least three days prior to payment due date. Amendment in any other fields of the mandate shall not be allowed.
2. I/We understand that no authorization from me/us shall be required for any amendment of beneficiary/ creditor/ service provider's contact details as mentioned above through their bank/FI.
3. Termination/ Stop of Mandate Payment shall be initiated by me/us, if required, through my bank/FI as per my bank's internal policy at least three days prior to payment due date.
4. Beneficiary/Creditor/Service provider shall be authorized to disclose the invoice/ billing amount to their bank/FI to initiate the payment on the basis of this mandate.
5. The validity of this mandate shall remain active till the end date mentioned above or as and when terminated by me/us in writing.
6. I/We shall agree with this Mandate form as a standard form of contract in accordance with NCHL-IPS Operating Rules and prevailing laws of Nepal.

Declaration:

I/We hereby declare that the particulars given above are correct and complete. If the transactions are delayed or not effected at all for any reasons of incomplete or incorrect information and/or delay in the payment and/or interruption of the service/ Scheme/ Plan due to amendment, termination or stop of mandate payment, I/We would not hold the Creditor/ Service Provider/ Participant Banks (creditor and debtor banks/FIs) responsible. I/We have signed two copies of this mandate after having understood the terms and conditions and agree to discharge the responsibility expected of me/us.

Debtor (Customer/ Payer)	Creditor (Beneficiary/ Payee)
<small>Signature</small>	<small>Signature & Stamp</small>

(Signatures as per the Bank/ FI account record)