UNIVERSITY OF MUMBAI (SPORTS DEPARTMENT)

MANDATE FORM

Α.	DETAIL OF ACCOU	TT HOLDER:-	
NAME OF ACCOUNT HOLDER			
COMP: ADDR	LETE CONTACT ESS		
TELEP E-MAI	PHONE NUMBER/ L ID.		
BENEFICIARY BANK DETAILS BANK ACCOUNT INFORMATION FOR RECEIVING PAYMENT THROUGH RTGS/NEFT			
SR. NO.	DESCRIPTION	PARTICULAR	
1	NAME OF ACCOUNT HOLDER		
2	NAME OF BANK		
3	ACCOUNT NO.		
4	ACCOUNT TYPE SB / CA/ CC		
5	BANK ADDRESS		
6	IFS CODE		
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 responsibility expected of me as a participant under the scheme.			
Date:		Signature of (Player)

Note:- Please enclosed Xerox copy of Pass Book & Cheque.