

BHARAT SANCHAR NIGAM LIMITED (http://www.bsnl.co.in)

MANDATE FORM

Subscribers authorization to pay telephone bills through Electronic Clearing Service(Debit)

1.SUBSCRIB	ER'S NAME(in block le	tters)		
2.TELEPHONE NUMBER(S)*				
1)	2)	3)		
4)	5)	6)		
3.PARTICULARS OF BANK				
a)BANK NAME				
BRANCH NAME &ADDRESS				
b) 9 DIGIT CODE NUMBER OF THE BANK BRANCH:				
(Appearing on the MCIR cheque issued by the bank. Please consult your banker)				
c) ACCOUNT TYPE(S.B Account/Current Account/Cash Account)				
d) ACCOUNT N	NUMBER			
e)LEDGER FOL (if appearing o				
f) NAME OF THE ACCOUNT HOLDER				

I/We here by declare that the particulars given above are correct and express my/willingness to settle the payment of regular bi-monthly telephone bills referred to above through participation in E.C.S of Reserve Bank of India, (Place) and here by authorize Accounts Officer (TR), (Place) Telephones to raise debits on such regular bi-monthly telephone bills as referred to above through this scheme electronically for adjustment against my/our account In the event of my bank being unable to debit my /our account for what so ever reasons, I/We will pay the bills directly to (Place) Telephones by cash. I/We will inform

(Place) Telephones any changes in my /our Bank Account.

I/We have given today stand enclosed)	ding instructions to my/our Bank(copy
ADDRESS	(Signature of Subscriber)
The details Enclosed above are correct as per our records.	(In case name of Subscriber differs from that of A/c holder)
Bank Stamp Authorized Signatory	Name of Account Holder (In block letters)
STANDING II	NSTRUCTIONS
"Kindly accept any debit raised by RBI telephone number/s	against my account no

issued to

(Account Holder's Name)

(Signature of the Account Holder)

for

by Bharat Sanchar Nigam Limited".