| | UMRN | | | | | | | | | | | | | | | | | Date | 21 | 10 | 2021 |

Tick (✓)

CREATE ✓
MODIFY
CANCEL

Sponsor Bank Code | CITI000PIGW | | Utility Code | CITI00002000000037

I/We, hereby authorize | ETMONEY | To debit Tick (✓) | SB / CA /CC SB-NRE /SB-NRO /Other

Bank a/c Number | 3 | 0 | 8 | 9 | 3 | 2 | 8 | 6 | 7 | 1 | 5

With Bank | STATE BANK OF INDIA | IFSC | S | B | I | N | 0 | 0 | 3 | 2 | 9 | 2 | or MICR

An amount of Rupees | Rs. Fifty Thousand Only | ₹ | 50,000/-

FREQUENCY | ☒ Mthly | ☒ Qtly | ☒ H-Yrly | ☒ Yrly | ✓ As & When presented | || DEBIT TYPE | ☒ Fixed Amount | ✓ Maximum Amount

Unique ID | B00805640006762 | Phone No. | 7289089492

Reference2 | B00805640006762 | Email ID | sony61983@gmail.com

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD

Account Holder Signature

FROM | 21 | 10 | 2021 |

TO | XX | XX | XXXX |

Or | ✓ | Until canceled | 1 | SONY CHAURASIYA | 2

.This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account ,based on the instruction as agreed and signed by me.
.I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.

Signature