

MF Utilities India Pvt. Ltd. 103-105, Orion Business Park, Ghodbunder Road, Kapurbawdi Thane (West) - 400 610

CIN: U74120MH2013PTC242939

PayFezz Mandate Pegistration Form

Received from Mr. / Ms. M/s.

Pay Eezz

	PayEezz Mandate Registration Form	ARN Code ARN-106392	
ease read all the instructions carefully before filling the form. ease fill in ENGLISH and in BLOCK LETTERS with black ink.		EUIN Code E-107715	
elds marked with (*) are mandatory and if not filled, the form is liable fo ne PayEezz registration form can be submitted for registration at the tim	OR		
	the customer's bank as a standing Instruction (SI), at the discretion of MFU or its	RIA Code	
pointed Payment Aggregator depending upon the customers bank.			
* UNITHOLDER INFORMATION (If you have a CAN, please fill	I in the details): OR If you are submitting with a CAN Regn Form (CR PAN	RF), please mention the primary holder PAN/PEKRN or the CRF No Below:	
Common Account Number (CAN)	PEKRN	CRF No.	
Name of the First/Sole Holder			
	Mandate Reference Number (MMRN): [Distributor / RIA / MFU POS user to	write the system generated GORN/MMRN below):	
GORN	MMRN		
. DEBIT MANDATE:			
M E II	gistration Form - NACH / SI DATI	<u></u>	
MF Utilities Wandate Re	BISH AND TO THE PROPERTY SE		
Tick (*)			
CREATE ✓ Sponsor Bank Code MODIFY X Utility Code			
	TIES INDIA PVT LTD to debit () SB / CA / CC /</td <td>/ SB-NRE / SB-NRO / Other</td>	/ SB-NRE / SB-NRO / Other	
Bank Account Number			
With Bank IF	sc Mil	CR	
an amount of Rupees ₹			
Frequency X Monthly X Quarterly X Half-Yearly	X Yearly ✓ As and when presented DEBIT TYPE X Fix	ed Amount Maximum Amount	
CAN#	Mobile #		
GORN	Email ID		
	//We agree for the debit of mandate processing charges by the bank whom I am/We are authorizing to deb	oit my/our account as per latest schedule of charges of the bank.	
From / /			
To Signature o	of Primary Account Holder Signature of Second Account Holder	Signature of Third Account Holder	
(OR) Until Cancelled (Please (/))	2.	3.	
	y me/us. I am/We are authorizing the User entity / Corporate to debit my/our account, based on the instru appropriately communicating the cancellation/amendment request to the User entity/Corporate of the ba		
* Barbartlan and Clausters (-)			
* Declaration and Signature(s):- I / We hereby confirm and declare that the information provided by me / us is	accurate. If the transaction or the Mandate registration cannot be processed due to incomple	te or incorrect information provided by me / us. I / We	
would not hold MF Utilities India Pvt Ltd or its authorized service providers res	ponsible.	provided by the paging 190	
Date : Plac	e:		
✓			
Sign Here	Sign Here	Sign Here	
Sole/First Applicant / Guardian / POA Holder	Second Applicant	Third Applicant	
***************************************	× (************************************	×	
CKNOWLEDGEMENT SLIP (to be filled in by the investor). For any queries please contact the nearest MFU "Point of Service" or call us at 1800-266-1415 (Toll Free) or +91 22 3952 6363.			

an application for PayEezz registration.