


Old Bridge Asset Management Private Limited

Registered Office: 1705, One BKC, C wing, G Block, Bandra Kurla Complex, Bandra (East), Mumbai - 400051.

ONE TIME BANK MANDATE CANCELLATION FORM

(NACH / Direct Debit Mandate Form)

	OLD BRIDGE ASSET MANAGEMENT	UMRN	Bank use										Date	D D M M Y Y Y Y											
Tick (✓)	Sponsor Bank Code	Bank use										Utility Code	Bank use												
CREATE <input checked="" type="checkbox"/>	I/We hereby authorize	OLD BRIDGE MUTUAL FUND										to debit (tick✓)	<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other												
MODIFY <input checked="" type="checkbox"/>	Bank a/c number																								
CANCEL <input checked="" type="checkbox"/>	with Bank	Name of customers bank										IFSC							or MICR						
an amount of Rupees		In Words										₹	In Figures												
FREQUENCY	<input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qtly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented										DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount													
Reference 1	PAN No.										Phone No.														
Reference 2	All Schemes of Old Bridge Mutual Fund										Email ID														

PERIOD

From

D	D	M	M	Y	Y	Y	Y
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To

D	D	M	M	Y	Y	Y	Y
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Or Until Cancelled

Signature Primary Account holder	Signature of Account holder	Signature of Account holder
1. _____	2. _____	3. _____
Name as in bank records	Name as in bank records	Name as in bank records

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.

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions 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.

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