

MANDATE FORM
ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)/REAL TIME GROSS SETTLEMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS

A. DETAILS OF ACCOUNT HOLDER

NAME OF ACCOUNT HOLDER	INDIAN INSTITUTE OF PACKAGING
COMPLETE CONTACT ADDRESS	E-2, MIDC AREA, ROAD NO.8, ANDHERI EAST, MUMBAI - 400093
TELEPHONE NUMBER/FAX/EMAIL	28219803

B. BANK ACCOUNT DETAILS

BANK NAME	STATE BANK OF INDIA
BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE NUMBER & EMAIL	PLOT NO. B-1, NR. ESIS HOSPITAL, CENTRAL ROAD, M.I.D.C. ANDHERI EAST, MUMBAI - 400093
WHETHER THE BRANCH IS COMPUTERISED	YES
WHETHER THE BRANCH IS RTGS ENABLED? IF YES, THEN WHAT IS THE BRANCH'S IFSC CODE	SBIN0007074
IS THE BRANCH ALSO NEFT ENABLED	YES
TYPE OF BANK ACCOUNT (SB/CURRENT/CASH CREDIT)	CURRENT
COMPLETE BANK ACCOUNT NUMBER (LATEST)	10606567751
MICR CODE OF BANK	400002057

DATE OF EFFECT

I hereby declare that the particulars given are correct and complete. If the transaction is delayed or not - - - - at all for reasons in incomplete or incorrect information. I would not hold the user institution responsible. I have - - - - the option invitation letter and agree to discharge responsibility expected of me as a participant under the scheme.

INDIAN INSTITUTE OF PACKAGING
Plot No. E-2, M.I.D.C Area, Road No. 8
Andheri - East, Mumbai - 400093
Tel. 91-22-28219803/9469 Fax 91-22-28328178



(.....)
Signature of Customer

Date:

Certified that the particulars furnished above are correct as per our records

(Bank's Stamp)



(.....)
Signature of Customer

Date:

1. Please attach a photocopy of cheques along with the verification obtained from the bank
2. In case your Banks Branch is presently not "RTGS" enabled, then upon its upgradation to "RTGS Enabled" branch, please submit the information again in the above Proforma to the Department at earliest.