



## CANCER AID & REDEARCH FOUNDATION

Adm. Office: Byculla Municipal Scholl Bldg., Grd. Floor, N.M. Joshi Marg, Near 'S'  
Bridge, Byculla (W), Mumbai – 400 011

### Electronic Clearance Service (Debit Clearing) – Mandate Form

**For Bank Use Only:**

LAN No.

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**\*Important Note:**

Once the form is filled and attested by Bank official, send us to at our above mentioned address.

Authorized of Donors to remit funds / payments to Cancer Aid & Research Foundation trough ESC.

I / We hereby, authorized Cancer Aid & Research Foundation through their authorized service provider, to debit my / our following bank account by ECS.

#### DONOR INFORMATION

Name:	Gender:
Address:	City / District:
State:	Pin Code:
Mobile:	E-mail:
Tel No.:	Alternate Tel No.:

#### Special Instruction

Amount:		Date of Effect:	
Frequency:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	ECS Start Date:	

#### Donors Bank Account Details

First Account Holder:		Account No.	
Second / Third Account Holder:		MICR Code:	
Bank Name:		Account Type: <small>(Pls tick ✓)</small>	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Other
Branch Name:		Account Operating: <small>(Pls tick ✓)</small>	<input type="checkbox"/> Single <input type="checkbox"/> Jointly <input type="checkbox"/> Either or Survivor:
Bank City:		Bank IFSC Code	

#### Beneficiary Account Details

Account Name:	
Account No.:	
Bank Name:	Bank Branch:
IFSC Code:	

<b>Service Acceptance</b>
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I / We confirm that the particulars given above are correct & complete; I / We hereby authorized my / our above mentioned account for the amount of payment/s specified by me through this service. The authority shall be in force with immediate effect and shall continue until I / We revoke it by instructions delivered to Cancer Aid & Research Foundation in writing.
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First Account Holder*	Second Account Holder:	Third Account Holder:
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*Rubber stamp needed in case of companies, partnership firm, proprietorship firm etc and designation of the authorized signatory.
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<b>Certification By Account Holder's Bank</b>
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I / We have registered for the RBI's Electronic Clearing Service (Debit Clearing) and that my payment towards Cancer Aid & Research Foundation shall be made from my / our below mentioned bank account with your bank. I / We authorize the representative carrying this ECS form to get it verified & executed. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information. I/We would not hold the user institution responsible. I / We will also inform Cancer Aid & Research Foundation about any changes in my bank account.
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<b>Authorized Signatory</b>	<b>Bank's Stamp</b>
Bank Official Name:	Branch:
Designation:	Date:

Notes:
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Form to be filled in Capital Letters only.
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Make sure that a signed cancelled cheque is attached with the form.
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For further clarification please call us at, 022-23005000 or email us at: <a href="mailto:carf@cancerarfoundation.org">carf@cancerarfoundation.org</a>
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<b><u>Donation to Cancer Aid &amp; Research Foundation is exempt u/s 80(G) of the Income Tax Act, 1961.</u></b>
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