



Cancer Aid & Research Foundation

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

Standing Instruction Mandate form

To,
The Branch Manager,
State Bank of India,
_____ Branch,

I / We hereby authorized you to debit my below mentioned saving / current account for the following payment to be made towards the donation to Cancer Aid & Research Foundation.

1. Donors Name: _____
2. Address: _____
3. Debit Account No.: _____
4. Amount of donation: _____
5. Credit Account No.: 10041949740
6. Name: Cancer Aid & Research Foundation
7. Bank Branch: Jacob Circle Branch, Mumbai.
8. SI Starts Date: _____
9. Frequency
(Pls tick✓):

Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Yearly	<input type="checkbox"/>
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Signature of:

First Account Holder

Second Account Holder

Third Account Holder

*Rubber stamp needed in case of companies, partnership firm, proprietorship firm etc and designation of the authorized signatory.

Notes:

Form to be filled in Capital Letters only.

Make sure that a signed cancelled cheque is attached with the form.

For further clarification please call us at, 022-23005000 or email us at: carf@cancerarfoundation.org

Donation to Cancer Aid & Research Foundation is exempt u/s 80(G) of the Income Tax Act, 1961.



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Bridge, Byculla (W), Mumbai – 400 011

Standing Instruction Mandate form

To,

The Branch Manager,

ICICI Bank,

_____ Branch,

I / We hereby authorized you to debit my below mentioned saving / current account for the following payment to be made towards the donation to Cancer Aid & Research Foundation.

1. Donors Name: _____

2. Address: _____

3. Debit Account No.: _____

4. Amount of donation: _____

5. Credit Account No.: 054601001624

6. Name: Cancer Aid & Research Foundation

7. Bank Branch: Mahalaxmi Branch, Mumbai

8. SI Starts Date: _____

9. Frequency

Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Yearly	<input type="checkbox"/>
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(Pls tick✓):

Signature of:

First Account Holder

Second Account Holder

Third Account Holder

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Standing Instruction Mandate form

To,

The Branch Manager,

Bank of Baroda,

_____ Branch,

I / We hereby authorized you to debit my below mentioned saving / current account for the following payment to be made towards the donation to Cancer Aid & Research Foundation.

1. Donors Name: _____
2. Address: _____
3. Debit Account No.: _____
4. Amount of donation: _____
5. Credit Account No.: 03880100009711
6. Name: Cancer Aid & Research Foundation
7. Bank Branch: Claire Road Branch, Byculla, Mumbai
8. SI Starts Date: _____
9. Frequency (Pls tick✓):

Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Yearly	<input type="checkbox"/>
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Signature of:

First Account Holder

Second Account Holder

Third Account Holder

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'S' Bridge, Byculla (W), Mumbai – 400 011

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To,

The Branch Manager,

IDBI Bank,

_____ Branch,

I / We hereby authorized you to debit my below mentioned saving / current account for the following payment to be made towards the donation to Cancer Aid & Research Foundation.

1. Donors Name: _____
2. Address: _____
3. Debit Account No.: _____
4. Amount of donation: _____
5. Credit Account No.: 026104000080088
6. Name: Cancer Aid & Research Foundation
7. Branch: Prabhadevi Branch
8. SI Starts Date: _____
9. Frequency

Monthly	Quarterly	Yearly
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(Pls tick ✓):

Signature of:

First Account Holder

Second Account Holder

Third Account Holder

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The Branch Manager,
Union Bank of India,
_____ Branch,

I / We hereby authorized you to debit my below mentioned saving / current account for the following payment to be made towards the donation to Cancer Aid & Research Foundation.

1. Donors Name: _____
2. Address: _____
3. Debit Account No.: _____
4. Amount of donation: _____
5. Credit Account No.: 316202010022650
6. Name: Cancer Aid & Research Foundation
7. Bank Branch: Sant Savta Marg, Byculla, Mumbai
8. SI Starts Date: _____
9. Frequency (Pls tick✓):

Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Yearly	<input type="checkbox"/>
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Signature of:

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