



भारतीय राष्ट्रीय भुगतान निगम
NATIONAL PAYMENTS CORPORATION OF INDIA

Registered Office: C-9, 8th Floor, Reserve Bank of India Premises,
Bandra-Kurla Complex, Bandra East, Mumbai 400 051

NPCI/2014-15/NACH/Circular 64

29th November, 2014

To,

All NACH Debit Participating Banks

Extension of Acceptance date of Old NACH Mandates in NACH-Dr System.

Madam/Dear Sir,

With reference to our earlier Circular No. 46(dated April 30, 2014), there has been repeated requests from member banks to extend the validity of the acceptance of the old NACH standard mandate, as the banks and their customers are still left with limited number of mandates in circulation.

2. In view of the above, validity of the old NACH standard mandate is being extended to January 31, 2015.
3. The destination banks are expected to continue to process the mandates received in the old format till the above said date. Mandates already registered in NACH continue to remain valid.
4. Banks and corporates are requested to refrain from collecting any new mandate from their customers in the old NACH standard mandate format.
5. All ACH Debit participating banks are requested to make note of the same and ensure compliance.

With Warm Regards,

(Vipin Surelia)
SVP- Product Development

Encl. :

- 1) Old NACH Mandate
- 2) Current NACH Mandate



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Encl 1: Old NACH Mandate (valid until January 31, 2015)

SESHAASAI
MANDATE INSTRUCTION FORM

Sponsor Bank Code: _____ Utility Code: _____ UMRN: _____

I/We hereby authorize _____ (Name of Utility / Biller / Bank / Company)

Legal Account Number: _____ with _____ (Name of Destination Bank with Branch) IFSC / MICR Code: _____

₹ _____ to debit amount of / up to a maximum of _____ Rupees

for Payment towards Consumer reference Number: _____

Scheme / Plan reference Number: _____

FREQUENCY: Monthly Half Yearly Bi-Monthly Yearly Quarterly as and when presented

PERIOD: Starting from _____ Upto _____ Or _____ Until cancelled

Name/s and Signature/s of Account Holder/s 17 (as per bank records)

Customer Additional Identification: _____ Telephone: (_____) _____ 20 Mobile: _____ 21 Mail ID: _____ 22

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

Create mandate on: Savings: Current:
Cancel mandate on: CC: Others:
Update mandate on: A/c Type

Action

Note: Dimensions of the mandate not to scale, please refer specification document for size specifications



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Encl 2: Current NACH Mandate

UMRN										Date			
Sponsor Bank Code		Utility Code				SB / CA / CC / SB-NRE / SB-NRO / Other				to debit (tick ✓)			
I/We hereby authorize		Name of Utility/Biller/Bank/Company				SB / CA / CC / SB-NRE / SB-NRO / Other				to debit (tick ✓)			
Bank a/c number		Name of customers bank				IFSC				or MICR			
with Bank		an amount of Rupees				₹							
Tick (✓)		FREQUENCY				DEBIT TYPE				Maximum Amount			
CREATE		<input type="checkbox"/> Mthly <input type="checkbox"/> Qtly <input type="checkbox"/> H-Yrly <input type="checkbox"/> Yrly <input type="checkbox"/> As & when presented				<input type="checkbox"/> Fixed Amount <input type="checkbox"/> As & when presented				<input type="checkbox"/> Fixed Amount <input type="checkbox"/> Maximum Amount			
MODIFY		Reference 1				Phone No.							
CANCEL		Reference 2				Email ID							
PERIOD		From				To							
Or		1. Name as in bank records				2. Name as in bank records				3. Name as in bank records			
Until Cancelled		Signature Primary Account holder				Signature of Account holder				Signature of Account holder			
This is to confirm that the declaration has been carefully read, understood & made by me/us													

Note: Dimensions of the mandate not to scale, please refer specification document for size specifications