

**OFFICE OF THE REGISTRAR CO-OPERATIVE SOCIETIES  
GNCT. OF DELHI, PARLIAMENT STREET, NEW DELHI  
(ACCOUNTS BRANCH)**

F.ACCTTS./2020/

DATED :

CIRCULAR

All the Officers/Officials, whose salary in the Bank Account which was merged with other Bank by the Govt. of India as per detail below, are requested to submit a fresh ECS mandate form alongwith the new merged Bank detail duly verified by the Bank, latest by 08.03.2021 positively, failing which salary for the month of March, 2021 will not credit in their old Bank Accounts.

Anchor Bank	Bank to be Merged with Anchor Bank
Punjab National Bank(PNB)	Oriental Bank of Commerce(OBC), United Bank of India(UBI)
Canara Bank	Syndicate Bank
Indian Bank	Allahabad Bank
Bank of Baroda (BOB)	Dena Bank Vijaya Bank
Union Bank of India(UBI)	Andhra Bank Corporation Bank
State Bank of India(SBI)	All SBI Bank (specified State Bank)

Encl. ECS mandate Form.

  
(J.S.Rawat)  
A.O./DDO

F.ACCTTS./2020/490

DATED : 01/03/2021

Copy to the following for information and necessary action:-

1. PS to Secy-Cum-RCS.
2. PA to Addl.RCS
3. All Branch Incharge with the request to inform all officers/officials working under their control.
4. System Analyst with the request to upload the circular alongwith encloser on the Website of the Department.
5. All Dealing Assistant of Accounts Branch.
6. Guard File.

  
(J.S.Rawat)  
A.O./DDO

FORM NO. E-5

ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)  
MODEL MANDATE FORM

INVESTOR/CUSTOMER'S OPTION TO RECEIVE PAYMENTS THROUGH CREDIT CLEARING  
MECHANISM  
SCHEME NAME AND THE PERIODICITY OF PAYMENT

1. INVESTOR/CUSTOMER'S NAME  
WITH COMPLETE ADDRESS, TEL/FAX NO.  
AND EMAIL ID

2. PARTICULARS OF BANK ACCOUNT

A. BANK NAME

B. BRANCH NAME

ADDRESS

TELEPHONE NO.

C. 9-DIGIT CODE NUMBER OF THE  
BANK & BRANCH APPEARING  
ON THE MICR CHEQUE ISSUED  
BY THE BANK.

D. ACCOUNT TYPE (S.B. ACCOUNT OR  
CASH CREDIT) WITH CODE 10/11/13

E. LEDGER NO./LEDGER FOLIO NO.

F. ACCOUNT NUMBER (AS APPEARING  
ON THE CHEQUE BOOK)

(In lieu of the bank certificate to be obtained as under, please attach a blank cancelled-  
cheque or photocopy of a cheque or front page of your savings bank passbook issued by your  
bank for verification of the above particulars)

3. DATE OF EFFECT

INFORMATION FOR PAYMENT THROUGH RTGS OR NEFT

G. IFSC CODE

H. NEFT CODE

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

Signature of the Investor/Customer  
with Company's Stamp

DATE:

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

SIGNATURE OF THE AUTHORISED/OFFICIAL  
WITH PHONE NO. FROM THE BANK.

DATE:

FORM NO. E-5

ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)  
MODEL MANDATE FORM

INVESTOR/CUSTOMER'S OPTION TO RECEIVE PAYMENTS THROUGH CREDIT CLEARING  
MECHANISM  
SCHEME NAME AND THE PERIODICITY OF PAYMENT

1. INVESTOR/CUSTOMER'S NAME  
WITH COMPLETE ADDRESS, TEL/FAX NO.  
AND EMAIL ID

2. PARTICULARS OF BANK ACCOUNT

A. BANK NAME

B. BRANCH NAME

ADDRESS

TELEPHONE NO.

C. 9-DIGIT CODE NUMBER OF THE  
BANK & BRANCH APPEARING  
ON THE MICR CHEQUE ISSUED  
BY THE BANK.

D. ACCOUNT TYPE (S.B. ACCOUNT OR  
CASH CREDIT) WITH CODE 10/11/13

E. LEDGER NO./LEDGER FOLIO NO.

F. ACCOUNT NUMBER (AS APPEARING  
ON THE CHEQUE BOOK)

(In lieu of the bank certificate to be obtained as under, please attach a blank cancelled-  
cheque or photocopy of a cheque or front page of your savings bank passbook issued by your  
bank for verification of the above particulars)

3. DATE OF EFFECT

INFORMATION FOR PAYMENT THROUGH RTGS OR NEFT

G. IFSC CODE

H. NEFT CODE

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

DATE:

Signature of the Investor/Customer  
with Company's Stamp

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

SIGNATURE OF THE AUTHORISED/OFFICIAL  
WITH PHONE NO. FROM THE BANK.

DATE: