

ELECTRONIC CLEARING SERVICE (DEBIT CLEARING)

The Manager

Copy to the User Company

Name: Fullerton India Credit Company Ltd

Address:

Floor 5 & 6, B Wing,
Supreme IT Park
Supreme City, Powai,
Mumbai 400 076

I/We _____ hereby authorise you to debit my/our account for making payment to Fullerton India Credit Company Limited (User Co. Name) through ECS (Debit) Clearing as per the details given as under.

- A. Name of the Account Holder _____
- B. 9-DIGIT CODE NUMBER OF THE BANK & BRANCH:
(Appearing on the MICIR cheque issued by the bank): _____
- C. ACCOUNT TYPE
(S. B. Account/Current Account or Cash Credit) _____
- D. LEDGER NO. / LEDGER FOLIO NO. _____
- E. ACCOUNT NUMBER _____
- F. APPLICATION REFERENCE NO _____

Name of the Scheme	Date of Effect	Periodicity (Monthly/Bi Monthly /Quarterly/etc.)	Amount of installment/Amt of bill with upper limit	Number of instalments/ valid up to (in case of utility bills)
1		Monthly		

F. Date of effect:

FROM _____ TO _____ Rs _____ p.m.

I/We being the Borrower of Fullerton India Credit Company Ltd. ("FICCL"), hereby express my/our unconditional consent to debit payments referred to above through participation in ECS(Debit Clearing), and hereby unconditionally authorize FICCL to raise debits on such regular payments till such time all dues to FICCL as referred to the above are cleared through this scheme by debits against my bank account referred above.

I/We further confirm that in the event in any month the ECS instruction is not carried out due to insufficiency of funds in my/our aforementioned account I/We hereby authorise FICCL to raise a further demand on above referred account No. till the payments of that month is realized.

I/We 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/We would not hold the user institution responsible, I/We have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the Scheme.

Date:

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

Signature of the customer

(Bank's Stamp)

Signature of the Authorised official
from the Bank