FROM: NAME:	
ADRESS:	
PHONE NO:	MOBILE NO:
To, GOLDMINE STOCKS PVT LTD Ahmedabad 380 007	CLIENT CODE :
Dear Sir,	
I/we request and authorize you below :	<u>Sub: E-Payments</u> to effect E-Payment to my / our Bank account as per the details given
Bank Account Name	:
Bank Account Number	:
Branch Name & Address of Bank	K:
Email Id	:
Permanent A/c Number (PAN)	:
IFSC code	:
MICR Code	:
Type of Account	: Savings / Current / Cash Credit / Other
reasons of incomplete or incorrect Bank (as mentioned above) to cre	ars given above are correct. If the transaction is delayed or not effected at all for information, I would not hold the user institution responsible. I hereby authorize edit my above mentioned account with the amount of installment and I agree to do f me as a participant under the scheme.
Date:	
	Signature of Account Holder (s)
Kindly attach a blank ca	nceled cheque with this mandate form.
	For office use only
Entry by	Effect date : / /
Verification by	