



MANDATE HOLDER CANCELLATION FORM FOR NRI ACCOUNT HOLDERS

To,  
The Branch Manager  
Suryoday Small Finance Bank Ltd.  
\_\_\_\_\_ Branch

Date

Place \_\_\_\_\_



### Sub: Request to Cancel Mandate

I wish to cancel the mandate given in my/our NRE/NRO Account:

NRE Account Number:

NRO Account Number:  Customer I'd:

Email I'd:

Contact/Mobile Number:     
Country Code Area Code Number

### DETAILS OF MANDATE HOLDER

Name of Mandate Holder:

Permanent Address:

City:  State:  Pin Code:

Date of Birth:  Gender:  Male  Female  Others

PAN NO.  Email I'd

Contact/Mobile Number     
Country Code Area Code Number

### DECLARATION FROM MANDATE HOLDER

I (Mandate holder to be deleted) Mr./Mrs./Ms. \_\_\_\_\_ Confirm that I have destroyed all unused cheque leaves \_\_\_\_\_ (cheque numbers) and /Debit Card associated with this account.

\_\_\_\_\_  
(Specimen signature of the Mandate holder)

Yours Faithfully,

1st Applicant's signature

2nd Applicant's signature

3rd Applicant's signature



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### FOR BANK USE ONLY:

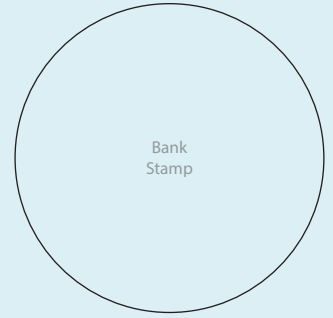
**Account holder(s) has signed** in my presence and duly verified with the Bank records

Signature of the Bank officials \_\_\_\_\_

Staff Name \_\_\_\_\_ Staff Employee I'D \_\_\_\_\_

Date \_\_\_\_\_

place \_\_\_\_\_



Bank  
Stamp

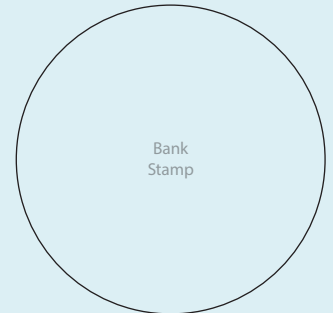
### ACKNOWLEDGEMENT SLIP FOR CANCELLATION OF MANDATE HOLDER

Received From : \_\_\_\_\_

Account Number : \_\_\_\_\_ Dated \_\_\_\_\_

Staff Signature : \_\_\_\_\_ Staff Employee I'D \_\_\_\_\_

SSFB Branch Name : \_\_\_\_\_



Bank  
Stamp