A	Debit Mandate Form NACH / ECS / DIRECT DEBIT				
ROHA GROW WITH YOUR	OWINI				Date DDMMYYYY
Tick (✓)	Sponsor Bank Code		Util	ity Code	
✓ CREATE MODIFY	I/We hereby authorize ROH	A HOUSING FINANCE PRI	VATE LIMITED	to debit (tick√)	SB/CA/CC/SB-NRE / SB-NRO /Other
CANCEL	Bank a/c number				
with Bank		IFSC		or M	ICR
an amount of Rupees ₹					
FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount					
Reference 1 Phone No.					
Reference 2			Em	ail ID	
I agree for the debit of Mandate processing charges by the Bank whom I am authorizing to debit my account as per latest Schedule of charges of the Bank. PERIOD					
From	D MM Y Y Y				
То	D MM Y Y Y	Signature Primary Account holde	er Signature of A	ccount holder	Signature of Account holder
Or 🗸	Until Cancelled	1. Name as in bank records	_2. Name as in l	oank records	3. Name as in bank records

• This is to confirm that the declaration has been carefully read, understood and made by me'us. I am authorising the user entity/corporate to debit my account.

• I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity/corporate or the bank where I have authorized the debit.

• I Whe hereby declare that the above information is true and correct and that the mobile number listed above is registed in my/our manellos) and/or is the unmber that I/we use in the ordinary course. I/We hereby declare that, irrespective of my/our registration of the above mobile in the provider customer preference register, or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We consent to the Bank communicating to me/us about the transactions carried out in my/our aforesaid account(s).