



**Directorate of Fisheries  
Government of Goa**

Dayanand Bhandodkar Marg, Panaji Goa  
Tel: (O) 2224838, Tel: (Dir) 2227780, Fax: (0832)2231049  
Email: [dir-fish.goa@nic.in](mailto:dir-fish.goa@nic.in)

**ELECTRONIC CLEARING SERVICE (CREDIT CLERING)**

**MANDATE FORM**

1. Name of the Officer/firm/supplier:-.....
  - (a) Mobile No. (for SMS) :-.....
2. Particular of Bank Account :-.....
  - (a) Name of the Bank :-.....
  - (b) Name of the Branch :-.....
  - (c) Address :-.....
  - (d) Telephone No. :-.....
  - (e) 9 digit code no. of the Bank and Branch as appearing on MICR cheque. :-.....
  - (f) Type of Account :-.....
  - (g) Account No. (as appearing on cheque book) :-.....

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

3. Date of effect

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 option invitation circular and agree to discharge the responsibility expected of me participant under the scheme.

Signature of the Officer/ Firm/ Supplier

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

Bankers Stamp

Date

Signature of the authorized Official of the bank

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**Note:- All columns/data should be filled in block/capital letters.**