

14. FAMILY PENSIONER MANDATE FORM WITH POST OFFICE STAMP

MANDATE FORM

1	Beneficiary Name	MEENABEN C. DARJI
2	Beneficiary / Address & Telephone No.	1086 Holi Chakla, Shak Market, Dhokaliya Bodeli, Dist-Vadododar (Now Chhotaudepur-391135)
3	Beneficiary Account No.	6140881781
4	Account type (Saving / Current for cash credit)	Saving
5	CTF No.	996557595
6	Name of Bank	Post Office
7	Branch Name	Bodeli S. O. 391135
8	IFSC	IOOS0000DOP
9	Photo copy of Cancelled cheque	-----

I hereby declare that the particulars given above are correct and complete if the transaction delayed or not effected at all for reasons of incompleteness or incorrectness of information given by me as above I would not hold the user institution responsible.

Dated

x *Meenaben Champaklall Darji*
(Signature of the Beneficiary)
(Meenaben Champaklall Darji)

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

Post Office Stamp

Dated 4.03.2024

[Signature]
(Signature of the Authorized Officer)
POST MASTER (LSG)
BODELI S.O. 391135