

7. BANK BRANCH NAME

8. BANK BRANCH ADDRESS

					P	I	N						

9. COMPLETE ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--

10. IFS CODE OF BANK BRNCH

--	--	--	--	--	--	--	--	--	--	--	--	--	--

11. 9-DIGIT MICR CODE OF BRANCH

--	--	--	--	--	--	--	--	--	--	--	--	--	--

- (I) 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 disbursing authority responsible.
- (II) I hereby authorize the Lok Sabha Secretariat to remit my all payments directly into my bank account.

(SIGNATURE OF MEMBER OF PARLIAMENT)

Note: Please attach one copy of cancelled cheque leaf (after cutting the cheque number)

3. Similar bank details are also required in respect of the personal staff engaged by Members.

Kind cooperation of Members is solicited.