Annexure 2

Electronic Clearing Service (Credit Clearing) Form

(Investors/Customers/Vendors option to receive payments through Credit Clearing Mechanism)

Particulars of Investor/Customer/Vendor	
Name of Investor/Customer/Vendor (As appears on Pass Book of bank)	Kalpana Kalyan Samithi
Address of Investor/Customer/Vendor	145/2 Gausca Post Sagara Teh. HUZUR REWA (M.P.)
Contact Details of Investor/Customer/Vendor (Office number, phone no. and e-mail)	Kalpanakalyansamithi@gmail.com Mob. 9424337914, 946,104,7801
PAN No. of Investor/Customer/Vendor	AADAK3017B
Particulars of Bank Account	
Bank Name	Union Bank of India
Branch Name	University Road Rewa(M.P.)
Address of Bank	University Road Rewa(M.P.)
Telephone No. of Bank	Mob. 9666606060
Account Type (S.B. Account / Current Account or any other)	Current Account
Account Number (as appears on the Cheque Book)	508 501 0100 50138
MICR No. (9 digits code number of the Bank and Branch appearson the cheque issued by the bank)	486026008
IFS Code of Bank	UBIN0558052

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at allfor reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the scheme.

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

Date 13.07.2026

Signature of Investor/Customer/Vendorwith common seal of the organization

कल्पना कल्याण समिति

Date 13/07/2026

Signature of Authorized bank official with common seal

यूनियन बैंक ऑफ इंडिया
यूनिवर्सिटी रोड. रीवा