

ELECTRONIC CLEARING SERVICES (ECS) MANDATE FORM

To,
 DCM Nouvelle Limited
 C/o. Skyline Financial Services Private Limited,
 1st Floor, D-153A, Okhla Industrial Area, Phase I,
 New Delhi -110 020

Dear Sirs,

FORM FOR ELECTRONIC CLEARING SERVICES FOR PAYMENT OF DIVIDEND.

Please fill-in the information in CAPITAL LETTERS in ENGLISH ONLY. Please TICK ✓ wherever is applicable.

For shares held in physical form

Master Folio No.

FOR OFFICE USE ONLY	
ECS Ref.No.	<input type="text"/>

For shares held in electronic form

DP. Id

Client Id

Name of First holder	<input type="text"/>																				
Bank name	<input type="text"/>																				
Branch name	<input type="text"/>																				
Branch code	<table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table> <p>(9 Digits Code Number appearing on the MICR Band of the cheque supplied by the Bank). Please attach a xerox copy of a cheque or a blank cheque of your bank duly cancelled for ensuring accuracy of the banks name, branch name and code number.</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account type	<input type="checkbox"/> + <input type="checkbox"/>	Savings	<input type="checkbox"/>	<input type="checkbox"/>	Current	<input type="checkbox"/>	<input type="checkbox"/>	Cash Credit	<input type="checkbox"/>	<input type="checkbox"/>
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A/c. No. (as appearing in the cheque book)

Effective date of this mandate

I, hereby, declare that the particulars given above are correct and complete. If any transaction is delayed or not effected at all for reasons of incompleteness or incorrectness of information supplied as above, Skyline Financial Services Private Limited, will not be held responsible. I agree to avail the ECS facility provided by RBI, as and when implemented by RBI/ DCM Nouvelle Limited.

I further undertake to inform the Company any change in my Bank/branch and account number.

Dated: _____ _____
(Signature of First holder)

Note: On dematerialization of existing physical shares, for which you have availed ECS facility, the above form needs to be re-submitted.