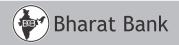


MANDATE FORM

	To,			Date:
	Bh Cer "M Go:	e Share Department, arat Co-operative Bank (Mumbai) Ltd., ntral Office, arutagiri", Sonawala Road, regaon (East), nmbai - 400 063.		
	Sir,		THROUG	H ELECTRONIC CLEARING SERVICE (ECS)
		th reference to my/our Membership No ough ECS facility and credit the same to my/our a		_ I /we request you to arrange for payment of my/our dividend as per details given below.
	ME	MBERSHIP NUMBER	:	
	ME	MBER'S NAME	:	
PARTICULAR OF BANK ACCOUNT				
	a)	NAME OF THE BANK	:	
	b)	BRANCH	:	
	c)	ADDRESS	:	
	d)	IFS CODE NO. (11 digit) as appearing in the cheque book	:	
	e)	9-DIGIT MICR CODE NO as appearing in the Cheque book	:	
	f)	ACCOUNT TYPE (Savings/Current/Cash-Credit	:	
	g)	Account Number as appearing on (Please enclose a cancelled cheque)	:	
	I/we hereby declare that the above particulars given are correct and complete.			
				Yours faithfully
Date :				·
				Signature of Shareholder



X

