

ECS MANDATE FORM

Sole/First Holder Name & Address										To									
Email:										INTEGRATED REGISTRY MANAGEMENT SERVICES PVT. LTD 2ND FLOOR, KENCES TOWERS NO. 1 RAMAKRISHNA STREET NORTH USMAN ROAD T NAGAR, CHENNAI - 600 017									
Mobile/Ph No.																			
Name of the Company										Folio No.					No.of Shares				
BANK NAME & BRANCH																			
ACCOUNT NUMBER																			
ACCOUNT TYPE					SAVING A/C					#									
MICR CODE						IFSC CODE													

- Specify the type of account if your account is not Saving Account.

Enclose the Cancelled /Photo copy of Cheque leaf of the account mentioned above
:

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 user institution responsible.

(Signature of the Sole/First Holder)

Date :

In case, the shareholder is not in a position to give blank "cancelled" cheque or a photocopy thereof, a certificate as under may be furnished.

Certificate of the Shareholder's Bank

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

Bank's Stamp :

Date :

(-----)

Signature of the Authorised / Official

ID No, _____