

E-mail ID	
Telephone No(s).	
Fax No(s).	

**ELECTRONIC CLEARING SERVICE (ECS) MANDATE FORM**  
(For Shares held in physical form)

**To**  
**C B MANAGEMENT SERVICES (P) LIMITED,**  
**A/C: ADITYA BIRLA CHEMICALS ( INDIA ) LIMITED,**  
**P-22, BONDEL ROAD,**  
**KOLKATA – 700 019**

FORM FOR ELECTRONIC CLEARING SERVICE FOR PAYMENT OF DIVIDEND

Dear Sirs,

(Please fill-in the information in CAPITAL LETTERS in ENGLISH ONLY. Please TICK (√) wherever is applicable.)

----- For Office Use Only _____ ECS Ref. No.
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Master Folio No. \_\_\_\_\_

Name of First Holder																			
Bank Name																			
Branch Name																			
Branch Code	<table border="1"> <tr> <td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</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 and code number.</p>	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□		

Account type	<input type="checkbox"/> Savings	<input type="checkbox"/>	<input type="checkbox"/> Current	<input type="checkbox"/>	<input type="checkbox"/> Cash Credit	<input type="checkbox"/>
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Ledger No./Ledger Folio No.	
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A/c No. (as appearing in the cheque book)	
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Effective date of this mandate	
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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, Aditya Birla Chemicals ( India ) Limited , will not be held responsible. I agree to avail the ECS facility provided by RBI, as and when implemented by RBI/ Aditya Birla Chemicals ( India ) Limited .

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

Place : \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
(Signature of First Holder)

Name of First Holder .....