A. K. CAPITAL SERVICES LTD.
BUILDING BONDS

**603, 6th Floor, Windsor, Off CST Road, Kalina, Santacruz (East), Mumbai – 400 098**

**Tel: 91 (022) 6754 6500 Fax: 91 (022) 6610 0594 Email: akmumbai@akgroup.co.in**

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**ECS Mandate Form**

To,
The Company Secretary
A. K. Capital Services Limited
603, 6th Floor, Windsor,
Off CST Road, Kalina,
Santacruz (East), Mumbai – 400 098

Dear Sir/Madam,

Subject: Payment of Dividend through ECS (ECS Mandate Form)

I/We hereby give my/our mandate to credit my/our Dividend on the shares held by me/us under the aforesaid Folio number directly to my/our Bank Account through Electronic Clearing Service (ECS). The details of the Bank Account are given below:

| **ECS MANDATE FORM** | | | |
|---|---|---|---|
| 1 | Name of the Shareholders (In Block Letters) | | |
| 2 | Folio No. | | |
| 3 | Demat Details | DP ID | |
| | | Client ID | |
| 3 | No. of Shares | | |
| 4 | Bank Name | | |
| 5 | Branch Name | | |
| 6 | Account Number (as appearing on Cheque Book) | | |
| 7 | Ledger Folio No. of the Account<br>(If appearing on Cheque Book) | | |
| 8 | Account type<br>(Saving/Current/Cash Credit) | | |
| 9 | 9-Digit MICR Code Number of the Bank & Branch appearing on the MICR Cheque issued by the Bank (Please attach photocopy of a cheque or a blank cancelled cheque issued by your Bank relating to your above Account for verifying the accuracy of the code number) | | |

I/We enclose a blank cancelled Cheque/Xerox copy of Cheque/Front page of Savings Bank Pass Book to enable you to verify the detail (This is required only in case of ECS).

I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed because of incomplete or incorrect information, I/we would not hold the Company/ the user institution /bank responsible. I/We undertake to inform any subsequent changes in the above particulars before the relevant Book Closure Date(s). I/we understand that the above details shall be maintained by you till I/we hold the shares in physical mode under the captioned Folio.

Date: _____

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Signature of the Sole/First Shareholder