

NOTE-To avail NECS facility, shareholders are requested to update their 9 digit MICR Code with their Depository Participant (DP) and in respect of physical shares with MCS Ltd.

NATIONAL ELECTRONIC CLEARING SERVICES (NECS) MANDATE FORMAT

The General Manager,
MCS Limited, Unit : IFCI
F-65, Okhla Industrial Area, Phase – I,
New Delhi-110 020.

Dear Sir,

FORM FOR NATIONAL ELECTRONIC CLEARING SERVICES FOR PAYMENT OF DIVIDEND

Master
Folio No.

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For office use only
NECS Ref.No. <input style="width: 50px; height: 20px;" type="text"/>

Name of first holder										
Bank name										
Branch name										
Branch code	<table border="1" style="margin: auto;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(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 bank's name, branch name and code number.</p>									

Account type	➔	Savings <input style="width: 40px;" type="text"/>	Current <input style="width: 40px;" type="text"/>	Cash Credit <input style="width: 40px;" type="text"/>
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A/c. No.(as appearing in the cheque book	➔	<table border="1" style="margin: auto;"> <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> </tr> </table>															

Effective date of this mandate	➔	<table border="1" style="margin: auto;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>								

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. The IFCI Ltd. /MCS Limited will not be held responsible. I agree to avail the NECS facility provided by RBI, as and when implemented by RBI.

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

Dated :

(Signature of first holder)