

CSB BANK LIMITED

Registered Office: 'CSB Bhavan', Post Box No. 502, St. Mary's College Road,
Thrissur – 680020, Kerala, India. Tel: +91 487–2333020 | Fax: +91 487–2338764 |
Website: www.csb.co.in | Email: investors@csb.co.in **Corporate Identity Number:** L65191KL1920PLC000175

ELECTRONIC CLEARING SERVICES (ECS) MANDATE FORM

To
M/s Link Intime India Pvt. Ltd,
Surya 35,
Mayflower Avenue,
Behind Senthil Nagar,
Sowripalayam Road,
Coimbatore - 641028.

Dear Sirs,

FORM FOR ELECTRONIC CLEARING SERVICE FOR PAYMENT OF DIVIDEND

Please fill-in the information in capital Letters in English only.

Please ✓ whichever is applicable

For shares held in physical form

Master Folio No.

FOR OFFICE USE ONLY	
ECS	<input type="checkbox"/>
REF No.	<input type="text"/>

Name of the First Holder	<input type="text"/>
Bank Name	<input type="text"/>
Branch Name	<input type="text"/>
Bank Address	<input type="text"/>
Branch Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (9 Digits Code Number appearing on the MICR Band of the cheque supplied by the Bank). <i>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</i>
Email address	<input type="text"/>
Mobile Number	<input type="text"/>

Account Type	→	Savings	<input type="checkbox"/>	Current	<input type="checkbox"/>	Cash Credit	<input type="checkbox"/>
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Account No. (as appearing in the cheque book)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Effective Date of this mandate:

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, Bank will not be held responsible.

I further undertake to inform the Bank any change in my Bank/Branch account number.

Date:

(Signature of First holder)

Note:

- Shareholders holding shares in Demat form and wish to avail ECS facility are requested to contact their Depository Participants.
- In case the Scheme does not meet with the desired response or due to any other operational reasons it is found to be unviable, the bank reserves the right to pay dividend by issue of Warrants.