

To,

Date:

The Share Department
HAVELLS INDIA LIMITED
QRG Towers, 2D
Sector – 126, Expressway,
Noida (U.P.) – 201 304

Dear Sir,

Sub: Payment of dividend (Electronic Clearing Service / Bank Particulars)

*I wish to participate in the Electronic Clearing Services and given below the details of my bank account, to which you may electronically credit the payment due to me against the reference folio number mentioned below:

1. Name of the First holder (in Block Letters)	:	_____
2. E-mail Id	:	_____
3. Telephone/ Mobile No.	:	_____
4. Regd. Folio No.	:	_____
5. Name of the Bank	:	_____
6. Branch Name & Address	:	_____
7. Account Number (as appearing on your Cheque Book)	:	_____
8. Account Type (Saving Bank A/c, Current A/c or Cash Credit A/c)	:	_____
9. 9 digit code number of the Bank & Branch appearing on the MICR Cheque issued by the Bank. (Please attach photocopy of the accuracy of the MICR Code Number)	:	_____

* I do not wish to opt for ECS facility and therefore request the following Bank Details to be incorporated on the dividend warrant.

1. Bank Name	:	_____
2. Branch Name & Address	:	_____
3. Account Number (as appearing on your Cheque Book)	:	_____
4. Account Type (Saving Bank A/c, Current A/c or Cash Credit A/c)	:	_____

(*Strike out which is not applicable)

I hereby declare that the particulars given above are correct and complete. I undertake to inform of any subsequent changes in the above particulars. If the ECS payment transaction is delayed or not effected for any reasons I would not hold the Company responsible.

Signature of the first named shareholder

Name _____

Address _____

Tel. No. _____

NOTE: In case of shares held in demat form, the above particulars for ECS facility/ Bank particulars have to be provided to your Depository Participant (DP), quoting your Client ID No. to them.