| Mandate Instruction Form for NACH/ECS/DIRECT DEBIT  |   |                 |                                  |                      |     |                |  |                   |  |
|---|---|-----------------|----------------------------------|----------------------|-----|----------------|--|-------------------|--|
| Etechaces Marketing And Consulting Private Limited URMN   |   |                 |                                  |                      |     |                | D                                      | ate 19012018      |  |
| Tick(√)   | Sponsor Bank Code   |                 |                                  | Utility Code         |     |                |  |                   |  |
| Create b  | I/We hereby authorize   Etechaces Marketing And Consulting Private Limited to debit ( |                 |                                  |                      |     |                | SB / CA / CC / SB NRE / SB NRO / Other |                   |  |
| Cancel ©  |   |                 |                                  |                      |     |                |  |                   |  |
| with bank AXIS BANK   |   |                 | IFS                              | SC U T I B 0 0 0 0 3 | 1 5 |                | or MICR                                | 4 1 1 2 1 1 0 0 9 |  |
| an amount of r  | upees Ten T   | Thousand Rupees |                                  | 10000                |     |                |  |                   |  |
| frequency e -Monthly e -Qtly e -H-Yrly e -Yrly b As & when presented DEBIT TYPE e -Fixed Amount b Maximun Amount  |   |                 |                                  |                      |     |                |  |                   |  |
| Reference 1 PB907106844675  |   |                 | Phone                            |                      |     | No. 7869143678 |  |                   |  |
| Reference 2   |   |                 | Email ID lalit.s.nagar@gmail.com |                      |     |                |  |                   |  |
| I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.  |   |                 |                                  |                      |     |                |  |                   |  |
| From 1 9 0  | 1 2 0 1 8   |                 |                                  |                      |     |                |  |                   |  |
| To 1 9 0 1 2 0 3 8  |   | 1. LALIT NAGAR  |                                  | 2.                   |     | 3.             | 3.                                     |                   |  |
| Or X Until Cancelled  |   |                 |                                  | -                    |     |                |  |                   |  |
| This is to confirm that the declaration has been carefully read, understood & made by me/ us. I am authorizing the User entity / corporate to debit my account. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation amendment request to the User entity/corporate or the bank where I have authorized the debit. |   |                 |                                  |                      |     |                |  |                   |  |