

To,

Karvy Computershare Pvt. Ltd.
Unit: Pfizer Limited
Plot No. 17-24, Vittalrao Nagar,
Near Image Hospital, Madhapur,
Hyderabad – 500 081.

ELECTRONIC CLEARING SERVICE (ECS) MANDATE FORM

1.	Name of the Sole/First Shareholder (in Block Letters)											
2.	Folio No.											
3.	Bank Name in full											
4.	Branch Name with address											
5.	Bank Account Number (as appearing on the cheque book)											
6.	Account Type (Please tick <input type="checkbox"/>)	Saving / Current / Cash Credit										
7.	Ledger Folio Number (as appearing on your cheque book)											
8.	9-Digit Code Number of the Bank and Branch appearing on the MICR Cheque	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										

Note: Please attach a photocopy of a cheque or a blank cancelled cheque issued by your bank relating to your above account.

I hereby declare that the particulars given above are correct and complete. I would not hold Pfizer Limited responsible, if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information.

Date : _____

(Signature of the Sole/First Shareholder)

Name :

Address :