



GlaxoSmithKline Pharmaceuticals Limited

Dr. Annie Besant Road, Worli, Mumbai 400 030

NATIONAL ELECTRONIC CLEARING SERVICE (NECS) MANDATE FORM

Investor's name

Folio No(s).

Particulars of Bank Account

a) Name of the Bank

b) Bank Account No

c) 9-digit MICR No. appearing on the cheque

d) Account Type (Please Tick) Current Saving NRE NRO

e) Branch

f) Address

g) City

h) Pin code

I hereby declare that the particulars given are correct and complete. If the transaction(s) is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold GlaxoSmithKline Pharmaceuticals Limited responsible.

Date:

.....

(Signature of first holder)

(Signature of second holder)

(Signature of third holder)

CERTIFICATE OF THE INVESTOR'S BANK

Certified that the particulars of the Bank Account furnished above are correct as per our records.

Bank stamp:

.....

Date:

Signature of authorized official of the bank

(Important: Kindly attach a blank cancelled cheque or a photocopy of the cheque with this Mandate form)