MANDATE FORM FOR E-PAYMENT

A. Details of Beneficiary/ Account Holder

| Name of Beneficiary: | Solar Energy Corporation of India Ltd. |
|----------------------|---|
| Address: | D-3, 1st Floor, Wing-A, Religare Building, District Centre, |
| | Saket, New Delhi |
| | |
| Contact No.: | Telephone: +91-11-71989200 |
| E-mail ID: | finance@seci.gov.in |

B. Bank Details

| Bank Name: | Union Bank of India |
|--|--|
| Branch Address: | Nehru Place Branch, New Delhi-110019 |
| Beneficiary Account No.: | 412101010000709 |
| Beneficiary Account Name: | Solar Energy Corporation of India Ltd. |
| Type of Bank Account (Saving/Current/Cash Credit): | Current Account |
| MICR Code of Bank: | 110026030 |
| Branch IFS Code: | UBIN0541214 |

Stamp & Signature of (Authorised Signatory)