DRAFT BANK GUARANTEE FORMAT

UB Anchorage Richmond Road Bangalore 560 025 Dear Sirs. Our Guarantee No. _____ Date _____ OUR PAYMENT BOND GUARANTEE NO. FOR USD IN RESPECT OF COVERING TICKET STOCK. At the request of M/s. (Name & Address of Travel Agency), we (Name of Bank), whose address is (Address of Bank), hereby undertake to indemnify you against all and any claims to the extent of USD_____ (United States Dollars amount in words only) which may become due to you on account of passenger tickets held by (Name of the Travel Agency). We confirm that such claims will be duly honored by ourselves upon receipt of your first written demand without any reference to or contestation on the part of M/s. (Name of Agency). All claims under this guarantee should be forwarded to (Name of Bank), whose address is (Address of Bank). For the purposes of verification and identification of any claim/s received under this guarantee, your authorized signature/s on your claim letter/document must be verified by your bankers, prior to forwarding your claims. This guarantee shall remain valid for a period of one year effective from (dd/mm/yyyy) to (dd/mm/yyyy). No claim shall be entertained by us under the guarantee if it is not received in writing in our office on or before the expiry date. This guarantee should be returned to us upon its expiry or upon fulfillment of our undertaking to you, whichever may occur earlier. Our liability under this guarantee will cease after the expiry date whether or not the original guarantee is returned to us. In any case our liability towards you in this connection will never exceed the guarantee amount viz. USD _____. Yours faithfully For (Name of the Bank)

Authorized Signatory (Name and Address of the Bank)

M/s Kingfisher Airlines Limited