

ANNEXURE OFF - MARKET SALE Consideration payment details												
DP ID			Client ID						DIS Serial No.			
Sr. No.	Target DP ID	Target Client ID	ISIN	Consideration Amount (₹)	Payment Details							
					[In case payment details are the same for all ISIN's, kindly state the complete details only at one place and mention "Same as above" at remaining places]							
					Payment date/Date of Instrument (DD-MM-YY)	Mode of Payment (Please tick any one)	Buyer's Name(s)	For Electronic and Instrument Payment			Transaction reference no. / Instrument no.	
								Bank Name	Bank Account Number	Branch Name		
1						<input type="checkbox"/> Instrument <input type="checkbox"/> Electronic <input type="checkbox"/> Cash						
2						<input type="checkbox"/> Instrument <input type="checkbox"/> Electronic <input type="checkbox"/> Cash						
3						<input type="checkbox"/> Instrument <input type="checkbox"/> Electronic <input type="checkbox"/> Cash						
4						<input type="checkbox"/> Instrument <input type="checkbox"/> Electronic <input type="checkbox"/> Cash						
5						<input type="checkbox"/> Instrument <input type="checkbox"/> Electronic <input type="checkbox"/> Cash						
6						<input type="checkbox"/> Instrument <input type="checkbox"/> Electronic <input type="checkbox"/> Cash						
7						<input type="checkbox"/> Instrument <input type="checkbox"/> Electronic <input type="checkbox"/> Cash						
8						<input type="checkbox"/> Instrument <input type="checkbox"/> Electronic <input type="checkbox"/> Cash						
9						<input type="checkbox"/> Instrument <input type="checkbox"/> Electronic <input type="checkbox"/> Cash						
10						<input type="checkbox"/> Instrument <input type="checkbox"/> Electronic <input type="checkbox"/> Cash						

1) _____

2) _____
 Authorised Signatory (ies)

3) _____