



ANNEXURE OFF - MARKET SALE Consideration payment details

DP ID				Client ID				DIS Serial No.			
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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		
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) _____
Authorized Signatory (ies)

3) _____