



ANNEXURE
OFF - MARKET SALE Consideration payment details



DP ID	I	N	3	0	0	2	1	4	Client ID							DIS Serial No.	
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Sr. No.	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-MMM-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								
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					

1. _____ 2. _____ 3. _____

First Holder

Second Holder
Authorised Signatory(ies)

Third Holder