

## NSDL / CDSL ANNEXURE FOR DIS

OFF - MARKET SALE Consideration payment details

DEBIT BO ID DETAILS:

DIS Serial No

|      |   |   |   |   |   |   |   |   |
|------|---|---|---|---|---|---|---|---|
| CDSL | 1 | 2 | 0 | 6 | 2 | 9 | 0 | 0 |
|      | 1 | 2 | 0 | 3 | 1 | 5 | 0 | 0 |

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|      |    |   |   |   |   |   |   |
|------|----|---|---|---|---|---|---|
| NSDL | IN | 3 | 0 | 3 | 0 | 7 | 7 |
|------|----|---|---|---|---|---|---|

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Client id

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

CREDIT BO ID DETAILS:

|       |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|
| DP ID |  |  |  |  |  |  |  | Client ID |  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|

| Sr. No. | ISIN | Consideration Amount (Rs) | 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 |
|         |      |                           |                                                                                                                                                            |                                                                                                             |                 | Buyer's Bank Name                     | Buyer's Bank Account Number |                                           |
| 1       |      |                           |                                                                                                                                                            | <input type="checkbox"/> Instrument<br><input type="checkbox"/> Electronic<br><input type="checkbox"/> Cash |                 |                                       |                             |                                           |
| 2       |      |                           |                                                                                                                                                            | <input type="checkbox"/> Instrument<br><input type="checkbox"/> Electronic<br><input type="checkbox"/> Cash |                 |                                       |                             |                                           |
| 3       |      |                           |                                                                                                                                                            | <input type="checkbox"/> Instrument<br><input type="checkbox"/> Electronic<br><input type="checkbox"/> Cash |                 |                                       |                             |                                           |
| 4       |      |                           |                                                                                                                                                            | <input type="checkbox"/> Instrument<br><input type="checkbox"/> Electronic<br><input type="checkbox"/> Cash |                 |                                       |                             |                                           |
| 5       |      |                           |                                                                                                                                                            | <input type="checkbox"/> Instrument<br><input type="checkbox"/> Electronic<br><input type="checkbox"/> Cash |                 |                                       |                             |                                           |

SIGNATURE OF SOLE/FIRST HOLDER

SIGNATURE OF SECOND HOLDER

SIGNATURE OF THIRD HOLDER