



HARIHAR SECURITIES PVT LTD

ANNEXURE
OFF - MARKET SALE
Consideration payment
details



DP ID	I	N						CLIENT ID							DIS SERIAL NO	
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Sr. No.	ISIN	Consideration Amount (₹)	Payment Details					
			<i>[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]</i>					
			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				

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1. _____ 2. _____ 3. _____

Authorized Signatory(ies)