



ANNEXURE
OFF - MARKET SALE Consideration payment details

Globe Capital Market Limited
804, Ansal Bhawan, 16 K.G. Marg
Connaught Place, New Delhi-110001

DP ID	I	N								Client ID									DIS Serial No.	
-------	---	---	--	--	--	--	--	--	--	-----------	--	--	--	--	--	--	--	--	----------------	--

Sr. No.	ISIN	Consideration Amount (₹)	Payment Details					Transaction reference no. / Instrument no.
			[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		
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. _____
Authorized Signatory(ies)



ANNEXURE
OFF - MARKET SALE Consideration payment details

Globe Capital Market Limited
804, Ansal Bhawan, 16 K.G. Marg
Connaught Place, New Delhi-110001

DP ID	I	N								Client ID									DIS Serial No.	
-------	---	---	--	--	--	--	--	--	--	-----------	--	--	--	--	--	--	--	--	----------------	--

Sr. No.	ISIN	Consideration Amount (₹)	Payment Details					Transaction reference no. / Instrument no.
			[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		
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. _____
Authorized Signatory(ies)