

Annexure to DIS

**ADDITIONAL DETAIL TO BE TAKEN FORM BO AS PER CDSL COMMUNIQUE NO.
CDSL /OPS/DP/SYSTM/2018/353 DATED 07 JULY,2018**

Date

DIS NO.

Debit BO ID: BO Name: _____

Quantity : (In Figs) _____ In Words : _____

Credit BO Details : DP ID : Client ID :

BO Name: _____ Execution Date :

ISIN: Scrip Name : _____

Amount: (In Figs) _____ In Words : _____

PAYMENT DETAILS: Cheque / Cash/ NEFT/ RTGS

(A) Bank Account No: _____ (C) Bank Name: _____

(D) Branch Name: _____ (E) Transferee Name: _____

(F) Date of Issue: _____ (G) Cheque/Reference Number: _____

SIGNATURE OF FIRST/SOLE HOLDER

SIGNATURE OF SECOND HOLDER

SIGNATURE OF THIRD HOLDER

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