



**ANNEXURE to Form - 12 OFF - MARKET SALE Consideration payment details**  
**KIFS TRADE CAPITAL PRIVATE LIMITED - B-81,PARISEEMA COMPLEX, C G**  
**ROAD, ELLISBRIDGE, AHMEDABAD - 380006 T. No. 079-30000320 / 321 FAX - 079 - 26403717**



DP ID	I	N	3	0	1	4	8	5	Client ID									DIS Serial No.	
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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. \_\_\_\_\_  
 Authorised Signatory(ies)



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