


SAMPLE - DIS - OFF - MARKET REQUEST

 RELIGARE <small>Values that bind</small> DP-ID IN301774		FORM 36 – COMBINED DELIVERY INSTRUCTIONS BY CLIENT				Participant's Copy			
RELIGARE SECURITIES LTD.		Instructions: (1) Submit two copies of DIS - Participant's Copy (to be retained by Participant) and Client's Copy (for acknowledgment). (2) In case of joint holdings, all joint holders must sign. (3) Please strike off unused rows. (4) For Off- market trades and Inter Depository Instructions, please mention reason code from the list given at reverse side of cover page (5) Please write correct ISIN and Quantity (both in figures and words).							
I/ We hereby request you to debit my / our account as per following details:						Serial No.		11111111	
DP ID	IN301774	Client ID	1 2 3 4 5 6 7 8				Date	0 7 1 0 2 0 1 4	
<i>(Please tick any one and fill up the relevant box. Strike off whichever is not applicable)</i>									
<input type="checkbox"/> For Market Trades (Receiver Details)			<input checked="" type="checkbox"/> For Off - Market Trades (Receiver Details)			<input type="checkbox"/> Inter Depository Instructions (Receiver Details)			
CM-BP-ID	IN	CM Name		Market Type		Settlement No.		OR	
DP-ID		I	N	3	0	1	7	7	4
Client ID		1	0	0	0	0	1	6	7
DP Name		RELIGARE SECURITIES LIMITED							
Reason Code		Reason / Purpose				Consideration (in Rs.)			
2		Margin to Stock Broker				1000			
Settlement details		For Inter Depository Instructions							
Sr. No.	ISIN		Security Name		Quantity (in figures)		Quantity (in words)		Instruction No. (to be filled by DP)
1	INE 002A01018		RELIANCE IND		1		One Only		
2	IN								
3	IN								
4	IN								
No. (count) of ISINs to be transferred		1	Phone No.		9	9	9	9	9
Execution Date		0 7 1 0 2 0 1 4							
1. _____ 2. _____ 3. _____									
Authorised Signatory (ies)									
Instruction will be accepted by DP at 'Client's risk' without any liability / claim in following cases: (a) Non-pay in (Off-market) related instruction received on the day of execution. (b) Pay-in (Market) instruction received after 4 p.m. on the previous day of the settlement date.									
To be filled by DP									
Date and Time of Receipt and DP Stamp with Signature		Maker	Checker	Additional Checker (if applicable)		Remarks (For High value transactions/Dormant accounts if any)			