

Annexure NA

Participant Name, Address & DP Id
(Pre-printed)

INTER-DEPOSITORY RECEIPT INSTRUCTIONS

Serial No (Pre-printed)					Date: _____	
Client -Id (Pre-Stamped)						
I/We hereby request you to credit my /our account as per the following details :						
Market Type: _____ (To be filled if the receiver is a Clearing Member)					Settlement No.	
Target Depository -Id :		ISIN	Security Name	Quantity (In Figures)	Quantity (In Words)	Instruction No. (To be filled by DP)
Target Client - Id	Target Settlement Details					
Execution Date : _____						
Participant Stamp, Date & Time				Authorised Signatory(ies)		

Instructions : To be submitted in duplicate for acknowledgement