

ANNEXURE T

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

DELIVERY INSTRUCTIONS BY CLEARING MEMBERS ON PAY-OUT

Serial No (Pre-printed)							Date: _____									
Client -Id (Pre-Stamped)																
I/We hereby request you to debit my /our CM account as per the following details of the receiving clients :																
Client Id	Client Name	DP Id	DP Name	ISIN	Security Name	Quantity (In Figures)	Quantity (In Words)	Instruction No. (To be filled by DP)								
Market Type: _____ Settlement No. :					<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"> </td> <td style="width:20px; height:20px;"> </td> <td style="width:20px; height:20px;"> </td> <td style="width:20px; height:20px;"> </td> <td style="width:20px; height:20px;"> </td> <td style="width:20px; height:20px;"> </td> <td style="width:20px; height:20px;"> </td> <td style="width:20px; height:20px;"> </td> </tr> </table>										Execution Date : _____	
Participant Stamp, Date & Time							Authorised Signatory(ies)									

Instructions : To be submitted in duplicate for acknowledgement