CAPM ADVISORY

A New Generation Merchant Bank

Client's

BUY AND SALE ORDER

Date: | | | |

Name : .....

Account Number : | | | | | | | | | | | | | | | | | | | |

Stock Bought	Stock Sold	Quantity	Rate

In case of order limit, the instruction shall valid for .....
..... working days.

Signature of Customer

Authorized Officer

CDBL Bye Laws Form 21
Pay In Transfer Form

Please complete all details in CAPITAL letters. **Please fill all names correctly.** All communication shall be sent only to the First Named Account Holder's correspondence address.

Date : ☐☐☐☐☐☐☐☐

1. Transferor Details

Exchange ID : ☐☐ BO ID : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

*BO Name : ....

ISIN	Issuer Company	Pay In Quantity

2. Transferee Details

Trading ID/ Broker Code : ..... * Name of Broker : .....

3. DECLARATION

The rules and regulations of the Depository and CDBL Participant pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/We also declare that the particulars given by me/us are true to the best of my/out knowledge as on the date of this transaction. I/We further agree that any false/misleading information given by me/us or suppression of any material fact will render my/our account liable for termination and further action.

Applicants	Name of applicants / Authorized signatories in case of ltd Co.	Signature with date
First Applicant		
Second Applicant		
3rd Signatory (Ltd C. Only)		
POA Holder		

4. To be filled by the DP

*BO ID(Broker Clearing A/C) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Internal Reference No: .... Pay In Quantity :..... .....

*DP ID ☐☐☐☐☐ *Broker Name :..... ....

The Pay In Quantity has successfully been transferred to the Broker Clearing A/C -

DP Signature

Name of the CDBL Participant:
CAPM Advisory Limited

Setup Date:..... .....

*These fields should be checked and matched with system-generated information.