

Annexure for Off Market Transfer

Required compulsory additional information for off market transfer as per CDSL circular/communiqué no. CDSL CDSL/OPS/DP/SYSTM/2019/352,384,388,405,456,

*(ONLY for transfers from BO (Investor) Account to another BO (Investor) account, NOT RELATED to Stock Exchange Transactions)

Sr.No.(DISNo.)																
DPID	1	2	0	6	7	4	0	0	ClientID	0	0					
Name of the Sole / First Holder																
Counter DP ID									Counter DP Name							
Counter Client ID									Counter Client Name							
Date										Ex. Date						

REASON	CODE	If Applicable please mark	REASON	CODE	If Applicable please mark
Gift	1		For Off-Market Sale/ Purchase*	2	
Transfer to own account(s)	5		Implementation of Govt / Regulatory Direction Orders	10	
Erroneous Transfer Pertaining to Client Securities	11		Meeting Legitimate Dues of Stock Broker	12	
For Open Offer Acquisition	13		Margin to stock broker/PCM	14	
Refund of securities by IEPF Authority	15		Donation	16	
For Buy-Back	17		Margin returned by stock broker/PCM	18	
ESOP/Transfer to employee	19		Payout - On payments for unpaid securities	20	
Transfer to Guardian Account	30		Transfer Between Specified Family Members as below mention only. 1. Spouse (Husband and Wife) 2. Father (including step-father), 3. Mother (including step-mother), 4. Son (including step-son) 5. Son's wife, 6. Daughter, 7. Daughter's husband, 8. Brother (including step-brother), 9. Sister (including step-sister) 10. Members of same HUF.	31	
On Market Inter Depository Transfer (Market Trade)	23				
Transfer between Partner and Firm or Director and Company [To be used for transfer of securities between Partner and Partnership Firm in which he/she is a partner or transfer of securities between Director and the Company in which he/she is a director.]	32				

*Required below compulsory additional information for off market transfer for reason "OFFMARKET SALE/PURCHASE or reason like sold, sale, sell, transfer For cash/money or other similar reason " as per CDSL circular/communiqué No. CDSL/OPS/SYSTM/2018/465 dated on September 04,2018

Payment Mode		Bank Account Number	
Bank Name		Branch Name	
Transferee Name		Date of Issue/Transfer	
Cheque/Reference Number		Others(IfAny)	
	First/SoleHolder	SecondHolder	ThirdHolder
Name			
Signature			