

**ANNEXURE M**

Vinay Bhavya Complex, 5th Floor, 159-A, CST Road, Kalina, Santacruz (E), Mumbai 400098  
 DP ID IN 302814

**RECEIPT INSTRUCTIONS**

Serial No. (Pre-printed)		Date : _____	
Client Id (Pre-stamped)			
I/We hereby request you to <b>credit</b> my/our account as per the following details:			
(To be filled in if Deliverer is a <b>Clearing Member</b> )		(To be filled in for <b>Market Trades</b> )	
CM-BP-Id	I   N	Market Type	
CM Name		Settlement No.	
(To be filled in if Deliverer is a <b>Client</b> )			
DP Id	I   N	DP Name	
		Client Id	
ISIN	Security Name	Quantity (In Figures)	Instruction No. (to be filled by DP)
Execution Date : _____			
<b>Participant Stamp, Date &amp; Time</b>			<b>Authorised Signatory(ies)</b>

**Instructions:**

1. To be submitted in duplicate for acknowledgement.
2. In case of joint holdings, all holders must sign.