



Debit Instruction Slip

Transaction within Stock Market

Date:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

I/We request you to debit the securities mentioned below from my/our account.

Depository Participant Details : Kamana Sewa Bikas Bank Ltd.

Address : Ananda Bhairav Marg, Gyaneshwor, Kathmandu **SEBON Reg. No. :** 86

Share Holder's Name :

Depository Participant ID : 1 3 0 1 8 2 0 0 Beneficial Owner ID :

S.N.	ISIN											Company Name/ Code	Units		Instruction No. (to be filled by DP)
													In Figure	In Word	
1.	N	P													
2.	N	P													
3.	N	P													
4.	N	P													
5.	N	P													
Total Instruction recieved (In Fig.)															

Type of DIS	Pre Payment	Normal Payment
Name of Stock Market		NEPSE
Type of clearing & settlement		Normal Rolling
Clearing & settlement No.		
Broker ID		
Counter DP No. (Broker)		
Counter A/C No. (Broker's Pool A/C)		
Transaction Date :		

1st Authorized Signatory

2nd Authorized Signatory
To be filled by DP

3rd Authorized Signatory

Internal Ref No.		Signature verified by		Transaction executed by	
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