

Freeze / Unfreeze Request Form

Depository Participant Name / Address

Please fill all the details in **Block Letters** in English

| | | | | | | | | | |
|---------|------|---|---|---|---|---|---|---|---|
| Ref No. | Date | D | D | M | M | Y | Y | Y | Y |
|---------|------|---|---|---|---|---|---|---|---|

| | | | |
|-----------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> Freeze | <input type="checkbox"/> BO Account | <input type="checkbox"/> BO ISIN (given ISIN) | Freeze ID (system generated, to entered DP If BO account is frozen) |
| <input type="checkbox"/> Unfreeze | | | |

Account Details

| | |
|---------------------------------|-----------|
| DP ID | Client ID |
| Name of the Sole / First Holder | |
| Name of Second joint Holder | |
| Name of Third joint Holder | |

Details of Securities. (To be entered for BO-ISIN freeze)

| Sr. no. | ISIN | Name of the security | Quantity For Partial Freeze | Freeze ID (To be entered by DP) |
|---------|------|----------------------|-----------------------------|---------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Attach an annexure duly signed by the account holder(s), if the space above is insufficient.

| | |
|--------------------------|--|
| Frozen For | <input type="checkbox"/> Debit <input type="checkbox"/> Credit <input type="checkbox"/> Both |
| Activation Type | <input type="checkbox"/> Current <input type="checkbox"/> Future |
| Freeze Activation Date * | D D M M Y Y Y Y |
| Freeze Expiry Date | D D M M Y Y Y Y |
| Reason For Freeze | |
| Freeze Remarks | |

* To be entered for future dated freeze.

I / we declare that the particulars given by me/ us above are true to the best of my/ our knowledge.

| Name & Signature of the Account Holder(s) | | | |
|---|--------------------|---------------|--------------|
| | First/ Sole Holder | Second Holder | Third Holder |
| NAME | | | |
| SIGNATURE | | | |

======(Please Tear Here)=====

Acknowledgement Receipt

Received Freeze / Unfreeze request from:

| | |
|---------------------------------|-----------|
| DP ID | Client ID |
| Name of the Sole / First Holder | |
| Name of Second joint Holder | |
| Name of Third joint Holder | |

Depository Participant Seal and Signature