# Freeze / Unfreeze Request Form

	Depository Participant Name /Address														
Please fill all	Please fill all the details in <b>Block Letters</b> in English														
Ref No.		Date	D	D	M	М	Y	Υ	Y	Y					

‰Freeze	‰BO	‰BO ISIN	Freeze ID (system generated, to entered DP	
‰Unfreeze	Account	(given ISIN)	If BO account is frozen)	

## **Account Details**

Allocounte D'otan														
DP ID	1	2	0	7	4	2	0	0	Client ID					
Name of the Sole / First Holder														
Name of Second	ler													
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	‰E	Debit		‰Cre	edit	%	Bot	า	
Activation Type	‰0	Curre	nt	‰Fu	ture				
Freeze Activation Date *	D	D	Μ	M	Y	Y	Y	Y	
Freeze Expiry Date	D	D	Μ	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													

#### 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 jo	loldei	ſ												

### **Depository Participant Seal and Signature**