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Freeze / Unfreeze Request Form

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Depository Participant Name /Address														
Please fill all the details in Block Letters in English														
Ref N	lo.						D	ate		D D	M	MY	YY	Υ
☐ Free:	ze	□ВО		□ во	ISIN	Freeze I	D (system ge	nera	ted. to e	entered	DP			\neg
☐ Unfreeze Account				(given	-			ount is frozen)						
Accou	nt Det	ails												
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		nd joint H												
Name c	of Third	joint Hol	der											
Detail	is of Se	curities	. (10	be en	tered f	or BO-12	IN freeze)							
Sr. no.	ISIN				Nam	e of the s	ecurity		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			☐ Debit ☐ Credit ☐ Both										
Activation Type				☐ Current ☐ Future										
Freeze Activation Date * Freeze Expiry Date				D D M M Y Y Y Y										
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			r futu	re date	ed freez	7 <u>0</u>								
* 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)														
						e Holder	Sec	Second Holder			7	Third Ho	older	
NAME					-									
SIGNATURE														
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Acknowledgement Receipt														
Receive	ed Free	ze / Unfre	eeze r	equest	from:									
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