

FREEZE / UNFREEZE ACCOUNT REQUEST FORM

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<br>(given ISIN) | Freeze ID (system generated, to entered DPIf<br>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<br>Partial Freeze | Freeze ID<br>(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

Application No: Date:

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