

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
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<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