

Freeze / Unfreeze Request Form

724-725, 7th Floor, Sun & Moon Chamber, Near Ajmer Gate Pulia Jaipur (Raj.) 302006

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

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