

FREEZE/ UNFREEZE REQUEST FORM

| | |
|-----------------|------|
| Application No. | Date |
|-----------------|------|

Please fill all the details in Block Letters in English)

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

Account Details

| | | | | | | | | | |
|---------------------------------|---|---|---|---|---|---|---|---|-----------|
| DP ID | 1 | 2 | 0 | 8 | 1 | 0 | 0 | 0 | Client Id |
| Name of the First / Sole Holder | | | | | | | | | |
| Name of the Second Holder | | | | | | | | | |
| Name of the Third 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 * | |
| Freeze Expiry Date | |
| 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 Signature | Third Holder Signature |
|-------------------|---------------------|-------------------------|------------------------|
| Name | | | |
| Signature* | ✍ | ✍ | ✍ |

===== (Please Tear Here) =====

Acknowledgment Receipt

We hereby acknowledge the receipt of your Freeze / Unfreeze request form:

| | | | | | | | | | |
|---------------------------------|---|---|---|---|---|---|---|---|-----------|
| DP ID | 1 | 2 | 0 | 8 | 1 | 0 | 0 | 0 | Client ID |
| Name of the First / Sole Holder | | | | | | | | | |
| Name of the Second Holder | | | | | | | | | |
| Name of the Third Holder | | | | | | | | | |

Depository Participant Seal and Signature