

## Application for Freezing / Unfreezing of an Account and/or ISIN and/or Specific Number of Securities

Date        

DP ID        

Client ID        

Type of Instruction (Please tick any one)

1. I/We request you as follow:

Freeze ☐

Unfreeze ☐

2. Execution date (date of freeze / unfreeze)

3. Account Level

(Tick any one)

For Debit Only

☐

For Debit and Credit

☐

Instruction No.

(To be filled by DP)

4. Is the address different than the one updated in the demat account?

Yes ☐

No ☐

(If yes, please collect address change form along with KYC documents and KRA Form.)

5. ISIN Level

SR No.	ISIN	Security Description	Tick any one		Instruction No. (To be filled by DP)
			For debit only	For debit and credit	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

6. Quantity Level

SR No.	ISIN	Security Description	Quantity	Instruction No. (To be filled by DP)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Sole/First Holder

Signature of Second Holder

Signature of Third Holder

Participant Stamp, Date &amp; Time

### For Branch Use Only

I confirm that the account is active, applicant(s) signed in my presence, all relevant details are matching in our Bank records and verified by me.

Name & Employee ID: 

Signature of the Branch Official: