

ANNEXURE P

DP ID : IN302814

**APPLICATION FOR FREEZING/UNFREEZING OF AN ACCOUNT AND/OR ISIN
AND/OR SPECIFIC NUMBER OF SECURITIES**

Date:	DD	MM	YYYY
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1. I/ we request you as follows:	Type of Instruction (Please tick any one)	
	Freeze	<input type="checkbox"/>
	Unfreeze	<input type="checkbox"/>

2. Client ID									
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3. Execution date (date of freeze/ unfreeze)	DD	MM	YYYY
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4. Account Level	Tick any one		Instruction No. (To be filled by DP)
	For debit only	For debit and credit	
	<input type="checkbox"/>	<input type="checkbox"/>	

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="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

6. Quantity Level (For debit only)	Sr.No.	ISIN	Security Description	Quantity	Instruction No. (To be filled by DP)

1. _____	2. _____	3. _____
Authorized Signatory(ies)		

Participant Stamp, Date & Time

Instructions:

1. Tick at 4, 5 and/or 6 above, as may be applicable
2. Separate forms should be filled-in for freeze and unfreeze.
3. Please strike off as N.A. wherever not applicable