DP ID I	N 3 0 4 2 0 3]			Date DD MM YYYY	
		J Type of Instruction (Please tid	ck any one) 🗌 F	reeze Unf	reeze	
Client ID			•			
Execution	n date (date of freez	e/unfreeze)	Y Y Y Y			
	level: (Tick any one)					
For d		debit and credit Instructio	on No. (To be filled	by DP)		
			Tick any one			
Sr. No.	ISIN	Security Description	For debit only For debit and credit			
Juantity	Level (For debit only	y)				
Sr.		Security			Instruction No.	
No.	ISIN	Description	Quantity		(To be filled by DP)	
Authorise	ed Signatory(ies)					
First			Second		Third	
Name		Name			Name	
nstructio		as may be applicable				
 Tick at 4, 5 and/or 6 above, as may be applicable Separate forms should be filled-in for freeze and Please strike off as N.A. wherever not applicable 			eeze.		Participant Stamp, Date & Time	
. Please	strike off as N.A. whe	erever not applicable.			Participant Stamp, Date & Time	
		ACKNO	WLEDGEME	NT		
		have received your reque	st for Freezing/U	nfreezing Reg	istration:	
ID I N	N 3 0 4 2 0 3			Client ID		