

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

To,

 Date:- DD / MM / YYYY
ARIHANT CAPITAL MARKETS LTD. [IN301983]

 6, Lad Colony, Y.N. Road,
 Indore – 452 001 (MP)

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

2. Client ID	1	0							3. Execution Date (date of Freeze/Unfreeze)	<u>DD / MM / YYYY</u>
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4. Account Level <input type="checkbox"/>	[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 <input type="checkbox"/>	S. No	ISIN	Security Description	Tick any one		Instruction No. (To be filled by DP)
				For Debit only	For Debit and Credit	
		IN		<input type="checkbox"/>	<input type="checkbox"/>	
		IN		<input type="checkbox"/>	<input type="checkbox"/>	
		IN		<input type="checkbox"/>	<input type="checkbox"/>	

6. Quantity Level (For debit only) <input type="checkbox"/>	S. No	ISIN	Security Description	Quantity	Instruction No. (To be filled by DP)
		IN			
		IN			

1. _____	2. _____	3. _____
Authorised 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.