

**FORM 33**

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

To	Date	DD	MM	YYYY
DP Name (Pre printed) DP ID (Pre printed) DP Address (Pre printed)				

1. I/we request you as follows:	Type of Instruction (Please tick any one) <table style="margin-left: auto; margin-right: auto; border: none;"> <tr> <td style="border: 1px solid black; padding: 5px; text-align: center;">Freeze</td> <td style="border: 1px solid black; width: 40px; height: 20px; margin-left: 10px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 5px; text-align: center;">Unfreeze</td> <td style="border: 1px solid black; width: 40px; height: 20px; margin-left: 10px;"></td> </tr> </table>	Freeze		Unfreeze	
Freeze					
Unfreeze					

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