

## Freeze / Unfreeze Request Form

<b>To,</b> <b>DP Department</b> <b>Monarch Network Capital Limited</b> Corp. Office: "MONARCH HOUSE" Opp. Ishwar Bhuvan, Commerce Six Roads, Navrangpura, Ahmedabad – 380 014 Tel: +91-79-2666 6500 Fax: +91-79-2666 6599
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Please fill all the details in **Block Letters** in English

Ref. No.		Date	D	D	M	M	Y	Y	Y	Y
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<input type="checkbox"/> Freeze	<input type="checkbox"/> BO Account	<input type="checkbox"/> BO ISIN (GIVEN ISIN)	Freeze ID (system generated, to entered DP if BO account is frozen)	
<input type="checkbox"/> Unfreeze				

### Account Details

DP ID								Client ID					
Name of the Sole / First Holder													
Name of Second joint Holder													
Name of Third joint Holder													

### Details of Securities. (To be entered for BO-ISIN freeze)

Sr. no.	ISIN	Name of the security	Quantity For Partial Freeze	Freeze ID (To be entered by DP)

Attach an annexure duly signed by the account holder(s), if the space above is insufficient.

Frozen For	<input type="checkbox"/> Debit	<input type="checkbox"/> Credit	<input type="checkbox"/> Both					
Activation Type	<input type="checkbox"/> Current	<input type="checkbox"/> Future						
Freeze Activation Date *	D	D	M	M	Y	Y	Y	Y
Freeze Expiry Date	D	D	M	M	Y	Y	Y	Y
Reason For Freeze								
Freeze Remarks								

\* To be entered for future dated freeze.

I / we declare that the particulars given by me/ us above are true to the best of my/ our knowledge.

Name & Signature of the Account Holder(s)			
	First/ Sole Holder	Second Holder	Third Holder
<b>NAME</b>			
<b>SIGNATURE</b>			

## Acknowledgement Receipt

Received Freeze / Unfreeze request from:

DP ID										Client ID							
Name of the Sole / First Holder																	
Name of Second joint Holder																	
Name of Third joint Holder																	