



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

DP ID - IN 302269

<b>To</b>	<b>Date</b>	<b>DD</b>	<b>MM</b>	<b>YYYY</b>
<b>IIFL Securities Limited,</b> 601, Ackruti Centre Point, Central Road, Marol MIDC, Andheri (East), Mumbai- 400093, Maharashtra				

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

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

<b>5.ISIN Level</b>	Sr. No.	ISIN	Security Description	<b>Tick any one</b>		Instruction No. (To be filled by DP)
				<b>For debit only</b>	<b>For debit and credit</b>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

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

1 _____	2 _____	3 _____
<b>Authorised Signatory(ies)</b>		

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