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

| KIFS TRADE CAPITAL PVT LIMITED DP ID : - IN 301485 KIFS CORPORATE HOUSE 4th Floor, Iskon-Ambli Road, Nr. Ashok Vatika BRTS, Ambli, Ahmedabad - 380058 |         |              |   |                             |                 |                  |   |   |  |                             |
|---|---------|--------------|---|-----------------------------|-----------------|------------------|---|---|--|-----------------------------|
| I/ we request you as follows:   |         |              | Type of Instruction (Please tick any one)  Freeze  Unfreeze |                             |                 |                  |   |   |  |                             |
| 2. Client ID  |         |              |   |                             |                 |                  |   |   |  |                             |
| 3. Execution date (date of freeze/ unfreeze) DD MM YYYY   |         |              |   |                             |                 |                  |   |   |  | YYYY                        |
| 4. Account level  | Tick an |              |   | y one  For debit and credit |                 |                  | Instruction No.<br>(To be filled by DP) |   |  |                             |
| 5. ISIN Level   | Sr. No. |              | ISIN  |                             | Secu<br>Descriț |                  | Tick ar<br>For debit<br>only            | For debit and credit                    |  | uction No.<br>filled by DP) |
|   |         |              |   |                             |                 |                  |   |   |  |                             |
|   | Sr. No. | Sr. No. ISIN |   |                             |                 | ecurity Quantity |   | Instruction No.<br>(To be filled by DP) |  |                             |
| 6. Quantity Level<br>(For debit only)   |         |              |   |                             |                 |                  |   |   |  |                             |
| 1, 2, 3<br>Authorised Signatory(ies)  |         |              |   |                             |                 |                  |   |   |  |                             |

Participant Stamp, Date & Time

## Instructions:

- 1. Tick at 4, 5 and/or 6 above, as may be applicable
- Separate forms should be filled-in for freeze and unfreeze.
- Please strike off as N.A. wherever not applicable