



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

BAJAJ CAPITAL LIMITED
DP ID : IN 303237

Regd. Office: Mezzanine Floor, Bajaj House 97, Nehru Place, New Delhi-110019
Ph.: 011-41693000, 26418903/06, 66161111, Fax : 011-66608888, 26476638

Sl. No. _____

Date :

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|------------------------------------|--|--------|--|----------|--|
| 1. I / We request you as follows : | <p align="center">Type of instruction (Please tick any one)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">Freeze</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">Unfreeze</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> </table> | Freeze | | Unfreeze | |
| Freeze | | | | | |
| Unfreeze | | | | | |

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| 2. Client ID | | | | | | | | | |
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| 3. Execution date (date of freeze / unfreeze) | | | |
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| 4. Account level <input style="width: 50px; height: 20px;" type="checkbox"/> | Tick any one | | Instruction No. (To be filled by DP) |
| | For debit only | For debit and credit | |
| | <input style="width: 50px; height: 20px;" type="checkbox"/> | <input style="width: 50px; height: 20px;" type="checkbox"/> | |

| | | | | | | |
|--|---------|------|----------------------|---|---|---|
| 5. ISIN Level <input style="width: 50px; height: 20px;" type="checkbox"/> | Sr. No. | ISIN | Security Description | Tick any one | | Instruction No. (To be filled by DP) |
| | | | | For debit only | For debit and credit | |
| | | | | <input style="width: 30px; height: 20px;" type="checkbox"/> | <input style="width: 30px; height: 20px;" type="checkbox"/> | |
| | | | | <input style="width: 30px; height: 20px;" type="checkbox"/> | <input style="width: 30px; height: 20px;" type="checkbox"/> | |

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|---|---------|------|----------------------|----------|---|
| <input style="width: 50px; height: 20px;" type="checkbox"/> | Sr. No. | ISIN | Security Description | Quantity | Instruction No. (To be filled by DP) |
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|-----------------------------------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| Authorised Signatory (ies) | | |

Participant Stamp, Date & Time

Instruction :

1. Tick at 4, c5 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.