



**Freeze / Unfreeze Request Form**

**Karuna Financial Services Pvt. Ltd.**  
 207, C. R. Avenue, Meridian Plaza, 3<sup>rd</sup> Floor, Kolkata-700 006  
 Tel : 91 33-30910819/20, Fax: 91 33 2268 5562

Please fill all the details in **Block Letters** in English

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

**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	ISIN Name	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>			

===== (Please Tear Here) =====

**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																	

**Depository Participant Seal and Signature**