

Saraswat Co-operative Bank Ltd.

(Scheduled Bank)

 110-111 & 129-131, Vyapar Bhavan, 1st floor, 49, P.D'mello Road, Carnac Bunder, Masjid, Mumbai 400009.
 Tel. : 22 23480039-41 Fax : 22 23480043

Annexure 13.1
Freeze / Unfreeze Request Form
Depository Participant Name /Address

 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	<input type="checkbox"/> BO ISIN	Freeze ID (system generated, to entered DP If BO account is frozen)
<input type="checkbox"/> Unfreeze	Account	(given ISIN)	

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
NAME			
SIGNATURE			

=====(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