

Freeze / Unfreeze Request Form

The Saraswat Co-op.Bank Ltd. D. P. Cell Madhushree, Plot No. 85, District Business Centre, Sector – 17, Vashi, Navi Mumbai - 400703
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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	
<input type="checkbox"/> Unfreeze	Account		If BO account is frozen)	

Account Details

DP ID	1	3	0	5	8	5	0	0	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
NAME			
SIGNATURE			

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

Acknowledgement Receipt

Received Freeze / Unfreeze request from:

DP ID	1	3	0	5	8	5	0	0	Client ID						
Name of the Sole / First Holder															
Name of Second joint Holder															
Name of Third joint Holder															

Depository Participant Seal and Signature

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