

ANNEXURE P

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

Date (dd-mm-yyyy)									
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To,
The Saraswat Co-Operative Bank Ltd.,
DP Id- IN 300829
Madhushree Plot No 85
4th Floor District Business Centre
Sector 17 Vashi
Navi Mumbai - 400703

I/We request you for the following (please tick whichever is applicable):

Type	Account Suspended for debit only	Account Suspended for debit & credit	ISIN	Quantity
Freeze				
Unfreeze				

Account Level

Type	Please Tick	Account No.	Execution Date (dd-mm-yyyy)
Suspended for debit only			
Suspended for debit & credit			

ISIN Level

ISIN	Account No.	Execution Date (dd-mm-yyyy)

Quantity Level

ISIN	Account No.	Execution Date (dd-mm-yyyy)	Quantity *

Participant Stamp, Date & Time

1 _____ 2 _____ 3 _____
Authorized Signatory(ies)

Instructions:

1) * Please write the quantity of shares starting with first left box (say, for 200 shares, please fill-in only first three boxes, whereas for 2000 shares, please fill-in first four boxes; the remaining boxes should be struck-off). 2) Separate forms should be filled-in for freeze and unfreeze.