## FORM 33 Application for Freezing/Unfreezing of an Account and/or ISIN and/or Specific Number of Securities

| То  |                            |         |       |  |   | Date | D       | D  | MM                                      | YYYY |  |
|---|----------------------------|---------|-------|--|---|------|---------|--|---|------|--|
| MAXIMUS SECURITIES LIMITE<br>1st Floor, Sterling Centre,<br>Opp. Divine Child High School<br>Andheri Kurla Road, Andheri I<br>Mumbai – 400093 | I,                         | : IN300 | 0409) |  |   | 2410 |         | I  |   | 1    |  |
| l/ we request you as<br>follows:  |                            | Type of |       |  | Instruction ( <i>Please tick any</i> Freeze |      |         | one)   |   |      |  |
| 2. Client ID  |                            |         |       |  |   |      |         |  |   |      |  |
| 3. Execution date (date of freeze/ unfreeze)  |                            |         |       |  |   | DD   |         | MM   | MM YYYY                                 |      |  |
| 4. Account level  | Tick any<br>For debit only |         |       |  | one<br>For debit and credit                 |      |         | Instruction No.<br>(To be filled by DP)                            |   |      |  |
|   |                            |         |       |  |   |      |         |  |   |      |  |
| 5. ISIN Level   | Sr.<br>No.                 |         |       |  | Security<br>Description                     |      |         | ny one Instruction No.   For debit and credit (To be filled by DP) |   |      |  |
|   |                            |         |       |  |   |      |         |  |   |      |  |
|   |                            |         |       |  |   |      |         |  |   |      |  |
|   |                            |         |       |  |   |      |         |  |   |      |  |
| 6. Quantity Level<br>(For debit only)   | Sr. No. ISIN               |         |       |  | Security<br>Description                     |      | Quantit |  | Instruction No.<br>(To be filled by DP) |      |  |
|   |                            |         |       |  |   |      |         |  |   |      |  |
|   |                            |         |       |  |   |      |         |  |   |      |  |
|   |                            |         |       |  |   |      |         |  |   |      |  |
| Name & Signature:   |                            |         |       |  |   |      |         |  |   |      |  |
|   |                            |         |       |  |   |      |         |  |   |      |  |

Instructions:

1. Tick at 4, 5 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

Participant Stamp, Date & Time

