

ANNEXURE P

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

| | | | | |
|---|------|----|----|------|
| To Vardhaman Capital Pvt. Ltd DP ID IN303212 Wardley House, 2 nd Floor 25 Swallow Lane, Kolkata 700001 | Date | DD | MM | YYYY |
|---|------|----|----|------|

| | | | | | |
|----------------------------------|---|--------|--|----------|--|
| 1. I/ we request you as follows: | Type of Instruction (Please tick any one) <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">Freeze</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">Unfreeze</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table> | Freeze | | Unfreeze | |
| Freeze | | | | | |
| Unfreeze | | | | | |

| | | | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|--|
| 2. Client ID | | | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|--|

| | | | |
|--|----|----|------|
| 3. Execution date (date of freeze/ unfreeze) | DD | MM | YYYY |
|--|----|----|------|

| | | | |
|------------------|--------------------------|--------------------------|---|
| 4. Account level | Tick any one | | Instruction No. (To be filled by DP) |
| | For debit only | For debit and credit | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |

| | | | | | | |
|---------------|---------|------|----------------------|--------------------------|--------------------------|---|
| 5. ISIN Level | Sr. No. | ISIN | Security Description | Tick any one | | Instruction No. (To be filled by DP) |
| | | | | For debit only | For debit and credit | |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | |

| | | | | | |
|---------------------------------------|---------|------|----------------------|----------|---|
| 6. Quantity Level (For debit only) | Sr. No. | ISIN | Security Description | Quantity | Instruction No. (To be filled by DP) |
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| | | | | | |

| | | |
|---------------------------|----------|---------|
| 1 _____, | 2 _____, | 3 _____ |
| Authorised Signatory(ies) | | |

Participant Stamp, Date & Time

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