



E-DIVIDEND FORM

The Share Registrar
CDC Share Registrar Services Limited
CDC House, 99-B, Block-B
Main Shahrah-e-Faisal
Karachi.

I/We, _____, holding CNIC No. _____, being the registered member of the Company under folio no. _____, state that pursuant to Section 242 of the Companies Act, 2017 pertaining to dividend payments by listed Companies electronically, the following is the information relating to my Bank account for receipt of current and future cash dividends through electronic mode directly into my Bank account:

SHAREHOLDER'S DETAIL	
Name of the Shareholder	
Folio No/CDC Participant ID & A/C Number	
CNIC No.	
Passport No. (In case of Foreign Shareholder)	
Landline number of Shareholder/Transferee	
Cell number of Shareholder/Transferee	
SHAREHOLDER'S BANK DETAIL	
Title of the Bank Account	
Bank Account Number	
Bank's Name	
Branch name and Address	

Note: CDC account holders should submit their request directly to their broker (participant)/CDC.

It is stated that the above mentioned information is correct, and I will intimate the changes in the above mentioned information to the Company and the concerned Share Registrar as soon as these occur.

SIGNATURE OF SHAREHOLDER