

CDC SHARE REGISTRAR SERVICES LIMITED SHAREHOLDER INFORMATION FORM

Company Name																—					
Personal Information													_								
Folio #																					
(Only applicable for																					
existing shareholder) Name (As per CNIC)																					
Father's / Husband's	1																				
Name (As per CNIC)																					
CNIC#																					
Address																					
City				Cour																	
Telephone #					Cell																
Email Address																					
Zakat Status (Please tick any one)	Muslim Zakat Payable *Non-Muslim Zakat Non F					Paya	able	*N	*Muslim Zakat Non Payable												
(applicable for Non-Mus International Bank Acco	-	<u>mber</u>	(IBA	N) & I	<u>Baı</u>	nk De	<u>etail</u> s	s (Fo	or	<u>crec</u>	lit c	of ca	<u>as</u> ł	<u>n di</u>	<u>vide</u>	<u>enc</u>	<u>d)</u>				
IBAN	Р	K													Ī						
Bank Name																					
Branch Name																					
Branch Address & City.																					
Note: Please ensure pro omission in the given IBA <u>dividend.</u>	_										•							-	•		
It is also stated that all against my above menti			ion p	rovido	ed	abov	e is	cor	red	ct, a	ссо	rdin	ıgl	y, p	oleas	se	up	dat	te 1	:he	same
Signature Date: of CNIC																					
Encl: Photocopy of CNIC																					