

FORMAT OF POWER OF ATTORNEY

[TO BE MADE ON STAMP PAPER OF RS 200/- DULY ATTESTED BY NOTARY PUBLIC]

SPECIAL POWER OF ATTORNEY FOR OPERATING IPS ACCOUNT

BY THIS POWER OF ATTORNEY this _____ day of _____, 20 _____,

(1) I _____ s/o, w/o, d/o _____, holding CNIC/NICOP/Passport No. _____,

at present residing at _____

(2) I _____ s/o, w/o, d/o _____, holding CNIC/NICOP/Passport No. _____,

at present residing at _____

(3) I _____ s/o, w/o, d/o _____, holding CNIC/NICOP/Passport No. _____,

at present residing at _____

(4) I _____ s/o, w/o, d/o _____, holding CNIC/NICOP/Passport No. _____,

at present residing at _____

holder(s) of IPS Account No. _____ do hereby nominate, constitute and appoint _____, son/ daughter/ wife of _____, at present residing at _____, and holder of CNIC/NICOP/Passport No. _____, whose signature is given below, who is my/our _____ (relationship) as my/our constituted attorney with the Central Depository Company of Pakistan Limited (“CDC”), for all matters pertaining to the maintenance and operation of the IPS Account, to deal, liaise and correspond with CDC and give instructions to fulfill all the responsibilities and obligations to CDC under the CDC’s standard Terms and Conditions and Facilitation Agreement for Trading in Government Securities in relation to the IPS Account from time to time, and to deal with other incidental and ancillary acts, things and deeds.

I/we shall ratify and confirm and agree to ratify and confirm whatsoever my/our said attorney shall do or cause to be done in terms of this Power of Attorney.

IN WITNESS WHEREOF, I/we executed this Power of Attorney on the day and year above-mentioned.

Name of Account Holder(s) i) _____ ii) _____ iii) _____ iv) _____

Signatures: i) _____ ii) _____ iii) _____ iv) _____

Name of Attorney: _____ **Signature of Attorney:** _____

Contact Details of Attorney:

Tel & Cell No.: _____ Fax No.: _____ Email Address: _____

WITNESSES:

1. Signature _____

2. Signature _____

Name: _____

Name: _____

CNIC/NICOP/Passport No. _____

CNIC/NICOP/Passport No. _____

Address: _____

Address: _____