

CENTRAL DEPOSITORY COMPANY OF PAKISTAN LIMITED
INVESTOR PORTFOLIO SECURITIES
SPECIMEN SIGNATURE CARD (INDIVIDUAL)



Date: _____

IPS ACCOUNT NUMBER
(To be filled by CDC Only)

Title of Account: _____

Operating Instructions: Singly (Either or Survivor) Jointly (Any-----)

Others (Please Specify) _____

1. Name _____ Signature _____

2. Name _____ Signature _____

3. Name _____ Signature _____

4. Name _____ Signature _____

For CDC use only Approved by _____ Signature In Presence of CDC Official _____ CDC Stamp _____
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MP 02-14