

Head Office: Head Office: CDC House, 99-B, Block 'B', S.M.C.H.S., Main Shahra-e-Faisal, Karachi-74400. Tel : (92-21) 111-111-500 Fax : (92-21) 34326027

Karachi Stock Exchange Office:

Ratachi Stock Exchange Onice: 8th Floor, Karachi Stock Exchange Building, Stock Exchange Road, Karachi-74000. Tel : (92-21) 32416774 Fax : (92-21) 32444799

URL: www.cdcpakistan.com | Email: info@cdcpak.com | Customer Support Services: 0800-CDCPL (23275)

Lahore Office:

2nd Floor, 307 Upper Mall, Lahore - 54000.

Tel : (92-42) 35789378-87 Fax: (92-42) 35789340

Islamabad Office:

Room # 410, 4th Floor, ISE Towers, 55-B, Jinnah Avenue, Blue Area, Islamabad - 44000. Tel: (92-51) 2895456-9

Fax: (92-51) 2895454

SECURITIES WITHDRAWAL FORM

ISSUER'S / R/TA'S COPY

							1330ER 3 / R/TA 3 COF
		Day	Мо	nth		Year	
	DATE						FORM NO.
1. INVESTOR ACCOUNT NUMBER							
2. TITLE OF INVESTOR ACCOUNT							
3. SECURITY NAME							
4. VOLUME OF SECURITIES TO BE WITHDRAWN:							
a. IN FIGURES	h IN WORDS						
5NO. OF CERTIFICATE(S) TO B	E ISSUED IN LOT(S) OF				SHAR	ES / UN	ITS IN EACH CERTIFICATE
CICNATURE OF AUTHORIZED CICNATORY							
SIGNATURE OF AUTHORIZED SIGNATORY(IES)							
SHAREHOLDER'S DETAIL							
4 NAME OF TITLE HOLDER							
1. NAME OF TITLE HOLDER							
2. FATHER'S / HUSBAND'S NAME							
3. ADDRESS							
4. RESIDENTIAL STATUS (mark tick[√] in appropriate	box)						
FOR INDIVIDUAL	RESIDENT PAKISTANI	NON-	RESID	ENT PA	KISTA	NI	FOREIGN NATIONAL
FOR COMPANY OR OTHER BODY CORPORATE	RESIDENT ENTITY	NON-	RESID	ENT / I	OREIG	ON ENTI	TY
5. CNIC/NICOP/PASSPORT NO. (IN CASE OF INDIV	IDUAL)						
UIN (IN CASE OF COMPANY OR OTHER BODY C	ORPORATE						
6. ZAKAT STATUS:							
		¬					
MUSLIM-ZAKAT PAYABLE MUSL	M-ZAKAT NON-PAYABLE	NON N	IUSLIN	1		NOTAP	PLICABLE
7. DIVIDEND MANDATE YES NO							
(fill the following if dividend mandate is ticked yes)							
a. BANK ACCOUNT TITLE							
b. BANK NAME & BRANCH							
c. BANK ACCOUNT NO	d. ADDRESS						

8.	DETAIL OF JOINT HOLDER(S) (if applicable)														
	a. NAME CNIC/NICOP/PASSPORT NO.														
a.		COP/PASSPO	RT NO.												
	FATHER'S/HUSBAND'S NAME			П							\top				
b.	NAME CNIC/NI	RT NO.													
	FATHER'S/HUSBAND'S NAME									_	\top				
c.	NAME CNIC/NI FATHER'S/HUSBAND'S NAME	COP/PASSPO	RT NO.												
	FATHER SHUSBAND'S NAME														_
9. 1	NOMINEE DETAILS											<u>_</u>			
a. I	NAME b. CNIC/NI	COP/PASSPO	RT NO.									\perp			
c. FATHER'S/HUSBAND'S NAME															
d. RELATION(should be either spouse, father, mother, brother, sister and son or daughter, including a step or adopted child.)															
10. OCCUPATION (FOR INDIVIDUAL) (kindly mark tick [√] in appropriate box) 11. CATEGORY (FOR COMPANY OR OTHER BODY CORPORATE) (kindly mark tick [√] in appropriate box)															
AGRICULTURIST HOUSEHOLD MUTUAL FUND JOINT STOCK COMPANY															
	PROFESSIONAL STUDENT MODARABA MGMT CO. COOPERATIVE SOCIETY HOUSE WIFE BUSINESS INVESTMENT COMPANY FINANCIAL INSTITUTION														
	BUSINESS EXECUTIVE RETIRED PERSON SERVICE INDUSTRIALIST		NCE COI		1			TRU	ST/C	HARI	ITABI	LE TE	RUST		
	SERVICE INDUSTRIALIST LEASING COMPANY OTHER (SPECIFY) OTHER (SPECIFY)														
NA	ME OF TITLE HOLDER		SIGNAT	URE &	STAM	P*									
	CASE OF JOINT HOLDER(S) (if applicable)		*(IN CAS	E OF C	OMPAN	IY OR (THER	R ВО	DY CC	RPOF	RATE)				
1	NAME		SIGNAT	IIDE											
2	NAME		SIGNATURE												
3	NAME		SIGNAT	UKE											
	FOR ISSUER / R/TA RECORD														
NA	ME OF TITLE HOLDER		SIGNAT	URE											
IN (CASE OFJOINT HOLDER(S) (if applicable)														
1	NAME		SIGNAT	URE											
2	NAME		SIGNAT	URE											
3	NAME		SIGNAT	URE											
	FOR THE USE OF CDC PERSONNEL ONLY														
	NAME SIGNATURE		STAN	IP.											
	VANIL		OTAL									_			
	SSUER / R/TA NAME	ITY ID	TF	RANS	ACTIO	N ID	Т	R	TA II	D	Т	DAT	E		
															_
_ ;	SAVED BY		SIGNAT	URE					_	DAT	ΓΕ				
	POSTED BY SIGNATURE DATE														
-	The above information that pertains to CDC is true and correct and the signatu	re(s) of CDC's	authoriz	ed sigr	natory	(ies) is	s / are	e val	id.						
	SIGNATURE(S) OF AUTHORIZED SIGNATORY(IES). signing in the capacity of transfe	ror on behalf of C	DC												
															-



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ISSUER'S / R/TA'S COPY

		Day	Mon	th		Year	
	DATE	Juy				Tour	FORM NO.
	DATE						
1. INVESTOR ACCOUNT NUMBER							
2. TITLE OF INVESTOR ACCOUNT							
3. SECURITY NAME							
4. VOLUME OF SECURITIES TO BE WITHDRAWN:							
a. IN FIGURES b. IN WORDS							
2. IN 1100K20 5. IN WORDO							
5NO. OF CERTIFICATE(S) TO BE ISSUED IN LOT(S) OF	F				SHARE	ES / UNIT	S IN EACH CERTIFICATE
SIGNATURE OF AUTHORIZED SIGNATORY(IES)							
SHAREHOLDER'S DETAIL							
SHAREHOLDER'S DETAIL							
1. NAME OF TITLE HOLDER							
2. FATHER'S / HUSBAND'S NAME							
3. ADDRESS							
4. RESIDENTIAL STATUS (mark tick[√] in appropriate box)							
FOR INDIVIDUAL RESIDENT PA	KISTANI _	NON-I	RESIDE	NT PA	KISTA	NI	FOREIGN NATIONAL
FOR COMPANY OR OTHER BODY CORPORATE RESIDENT EN	TITY	NON-I	RESIDE	NT / F	OREIG	N ENTITY	•
5. CNIC/NICOP/PASSPORT NO. (IN CASE OF INDIVIDUAL)							
UIN (IN CASE OF COMPANY OR OTHER BODY CORPORATE							
6. ZAKAT STATUS:							
		¬					
MUSLIM-ZAKAT PAYABLE MUSLIM-ZAKAT NON-PAYAB	LE _	NON M	USLIM		r	NOT APPL	ICABLE
7. DIVIDEND MANDATE YES NO							
(fill the following if dividend mandate is ticked yes)							
a. BANK ACCOUNT TITLE							
a. DARK ACCOUNT THEE							
b. BANK NAME & BRANCH							
c. BANK ACCOUNT NO d.	ADDRESS						
				1916	- 1		Marie Committee

8. 1	DETAIL OF JOINT HOLDER(S) (if applicab	le)												_				
a.	NAME	P/PASSPO	RT NO.									\Box						
	FATHER'S/HUSBAND'S NAME																	
b.	NAME	RT NO.																
	FATHER'S/HUSBAND'S NAME																	
c.	NAME	PT NO		Τ							Т	Т		Т				
0.	FATHER'S/HUSBAND'S NAME								1									
	9. NOMINEE DETAILS																	
9. 1	NOMINEE DETAILS				Г		_		<u> </u>				$\overline{}$	\equiv	=		$\overline{+}$	
a. I	NAME	b. CN	NIC/NICO	P/PASSPO	RT NO.								Ш		\perp			
c.	c. FATHER'S/HUSBAND'S NAME																	
d.	d. RELATION(should be either spouse, father, mother, brother, sister and son or daughter, including a step or adopted child.)																	
10.	10. OCCUPATION (FOR INDIVIDUAL) (kindly mark tick [✓] in appropriate box) 11. CATEGORY (FOR COMPANY OR OTHER BODY CORPORATE) (kindly mark tick [✓] in appropriate box)																	
(kindly mark tick [√] in appropriate box) AGRICULTURIST HOUSEHOLD MUTUAL FUND JOINT STOCK COMPANY																		
	PROFESSIONAL HOUSE WIFE	STUDENT BUSINESS		_	DDARABA MGMT CO. COOPERATIVE SOCIETY //ESTMENT COMPANY FINANCIAL INSTITUTION													
	BUSINESS EXECUTIVE	RETIRED PERSON		_	NCE CO								RITA					
	SERVICE	INDUSTRIALIST		=	G COMPA													
	OTHER (SPECIFY) OTHER (SPECIFY)																	
NA	ME OF TITLE HOLDER				SIGNATI													
IN	CASE OF JOINT HOLDER(S) (if applicable)			*(IN CAS	E OF C	OMPA	NY OR	отні	ER BC	ору с	ORP	DRAT	E)				
1	NAME				SIGNAT	URE												
2	NAME				SIGNAT	SIGNATURE												
3	NAME				SIGNAT	URE												
	FOR ISSUER / R/TA RECO	DRD																
NA	ME OF TITLE HOLDER	· · · · · · · · · · · · · · · · · · ·			SIGNATI	URF												
	CASE OFJOINT HOLDER(S) (if applicable)																	
1	NAME				SIGNATI	URE												
2	NAME				SIGNATI	URE												
3	NAME				SIGNATI	URE												
	FOR THE USE OF CDC PE	RSONNEL ONLY																
	NAME	SIGNATURE			STAM	IP												
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'	SSUER / R/TA NAME	SECURI	טו צוו	- 11	RANS	SACTIO)N IL)		R/TA	טו	Т	L	DATE				
-	SAVED BY SIGNATURE DATE																	
	POSTED BY				SIGNATI	URE						DA	ATE					
_	The above information that pertains to CDC is true and correct and the signature(s) of CDC's authorized signatory(ies) is / are valid.																	
	SIGNATURE(S) OF AUTHORIZED SIGNATO	ORY(IES), signing in the capacity of	f transferor	on behalf of C	DC													



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SECURITIES WITHDRAWAL FORM

IAS COPY

	DATE	Day	Month	Y	ear ear	FORM NO.
	DAIL					
1. INVESTOR ACCOUNT NUMBER						
2. TITLE OF INVESTOR ACCOUNT						
SECURITY NAME VOLUME OF SECURITIES TO BE WITHDRAWN:						
4. Volume of Geodelines to be with broad.						
a. IN FIGURES b. IN WOF	RDS					
5NO. OF CERTIFICATE(S) TO BE ISSUED II	N LOT(S) OF			SHARES	/ UNITS	S IN EACH CERTIFICATE
SIGNATURE OF AUTHORIZED SIGNATORY(IES)						
CHAREHOLDER'S RETAIL						
SHAREHOLDER'S DETAIL						
1. NAME OF TITLE HOLDER						
1. NAME OF TITLE HOLDER						
2. FATHER'S / HUSBAND'S NAME						
A ADDRESS						
3. ADDRESS						
4. RESIDENTIAL STATUS (mark tick[√] in appropriate box)	ESIDENT PAKISTANI		-RESIDENT P	AKIOTANI		FOREIGN NATIONAL
	SIDENT PAKISTANI		-RESIDENT /			
5. CNIC/NICOP/PASSPORT NO. (IN CASE OF INDIVIDUAL)	OIDENT ENTITY		REGIDENT 7	· OILLION		
UIN (IN CASE OF COMPANY OR OTHER BODY CORPORATE	=					
6. ZAKAT STATUS:						
MUSLIM-ZAKAT PAYABLE MUSLIM-ZAKAT N	NON-PAYABLE	NON	MUSLIM	□ NO	T APPL	ICABLE
7. DIVIDEND MANDATE YES NO						
(fill the following if dividend mandate is ticked yes)						
a. BANK ACCOUNT TITLE						
b. BANK NAME & BRANCH						
c. BANK ACCOUNT NO	d. ADDRESS					
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8. E	DETAIL OF JOINT HOLDER(S) (if applicable)																
a.	NAMECN	NIC/NICOP/PASSPO	RT NO.														
	FATHER'S/HUSBAND'S NAME																
b.	NAMECN	NIC/NICOP/PASSPO	RT NO.														
	FATHER'S/HUSBAND'S NAME																
c.	NAMECN	NIC/NICOP/PASSPO	RT NO.														
	FATHER'S/HUSBAND'S NAME																
9. N	IOMINEE DETAILS											_		_			
a. N	IAME b. CN	IIC/NICOP/PASSPOI	RT NO.														
c. FATHER'S/HUSBAND'S NAME																	
	d. RELATION(should be either spouse, father, mother, brother, sister and son or daughter, including a step or adopted child.) 10. OCCUPATION (FOR INDIVIDUAL) 11. CATEGORY (FOR COMPANY OR OTHER BODY CORPORATE)																
10. OCCUPATION (FOR INDIVIDUAL) (kindly mark tick [√] in appropriate box) 11. CATEGORY (FOR COMPANY OR OTHER BODY CORPORATE) (kindly mark tick [√] in appropriate box)																	
	AGRICULTURIST HOUSEHOLD PROFESSIONAL STUDENT		TUAL FUND JOINT STOCK COMPANY DARABA MGMT CO. COOPERATIVE SOCIETY														
	HOUSE WIFE BUSINESS BUSINESS EXECUTIVE RETIRED PERSON	INVESTI INSURA				,					NCIA				ON TRUS	_	
	SERVICE INDUSTRIALIST								'	KUS	1/CF	IARI	IADI		KUS	•	
	SERVICE INDUSTRIALIST LEASING COMPANY OTHER (SPECIFY) OTHER (SPECIFY)																
NAI	NAME OF TITLE HOLDER SIGNATURE & STAMP*																
	CASE OF JOINT HOLDER(S) (if applicable)		*(IN CAS	E OF	co	MPAN	IY O	R OT	HER	BOD	Y CO	RPOF	RATE)				
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2	NAME		SIGNAT														
3	NAME		SIGNAT	URI	=												
	FOR ISSUER / R/TA RECORD																
NA	ME OF TITLE HOLDER		SIGNAT	URE	=												
IN C	CASE OFJOINT HOLDER(S) (if applicable)																
1	NAME		SIGNAT	URE													
2	NAME		SIGNAT	URE													
3	NAME		SIGNAT	URE													
	FOR THE USE OF CDC PERSONNEL ONLY																
N	NAME SIGNATURE		STAN	1P													
18	SSUER / R/TA NAME	SECURI	TY ID		TRA	ANS	ACT	ION	ID		R/	ΓΑ ΙΙ)		DA	TE	
S	SAVED BY SIGNATURE DATE																
	POSTED BY		SIGNAT									DAT	Έ				
т	The above information that pertains to CDC is true and correct and the si	ignature(s) of CDC's	authoriz	ed s	igna	itory	(ies) is /	are	valio	d.						
					_												
	SIGNATURE(S) OF AUTHORIZED SIGNATORY(IES). signing in the capacity of transferor on behalf of CDC The issuer is requested to issue and handover certificates in respect of the above-mentioned securities to the Investor Accountholder named above, in exchange												d ah	01/0	in o		



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SECURITIES WITHDRAWAL FORM

CLIENT COPY

		Day	N	lonth			Year	
	DATE							FORM NO.
L								
1. INVESTOR ACCOUNT NUMBER								
2. TITLE OF INVESTOR ACCOUNT								
2 SECURITY NAME								
3. SECURITY NAME 4. VOLUME OF SECURITIES TO BE WITHDRAWN:								
a. IN FIGURES b. IN WORDS								
5NO. OF CERTIFICATE(S) TO BE ISSUED IN LOT(S) OF					c	LADE	e / IINI	TS IN EACH CERTIFICATE
JNO. OF CERTIFICATE(S) TO BE 1330ED IN EOT(S) OF					_	MAKE	3 / UNI	13 IN EACH CERTIFICATE
SIGNATURE OF AUTHORIZED SIGNATORY(IES)								
SHAREHOLDER'S DETAIL								
- SHAREHOLDER S DETAIL								
1. NAME OF TITLE HOLDER								
2. FATHER'S / HUSBAND'S NAME								
3. ADDRESS								
4. RESIDENTIAL STATUS (mark tick[√] in appropriate box)								
FOR INDIVIDUAL RESIDENT PAK	(ISTANI _	NON	N-RES	DENT	PAK	ISTAN	I	FOREIGN NATIONAL
FOR COMPANY OR OTHER BODY CORPORATE RESIDENT ENT	TITY _	ON	N-RES	DENT	/ FO	REIGI	ENTIT	Υ
5. CNIC/NICOP/PASSPORT NO. (IN CASE OF INDIVIDUAL)		\top					\top	
UIN (IN CASE OF COMPANY OR OTHER BODY CORPORATE								
6. ZAKAT STATUS:								
MUSLIM-ZAKAT PAYABLE MUSLIM-ZAKAT NON-PAYABL	E 🗆	NON	MUSL	IM	Г	N	OT APF	PLICABLE
7. DIVIDEND MANDATE YES NO								
(fill the following if dividend mandate is ticked yes)								
a. BANK ACCOUNT TITLE								
b. BANK NAME & BRANCH								
S. BOUT HOME & STATION								
c. BANK ACCOUNT NO d. /	ADDRESS							
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Q	DETAIL OF JOINT HOLDER(S) (if applicable)														
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a.	NAMECNI	PORT NO.													
	FATHER'S/HUSBAND'S NAME									\top	\top	$\overline{}$	\top		
b.	NAMECNI	PORT NO.								_					
	FATHER'S/HUSBAND'S NAME									$\overline{}$	$\overline{}$	$\overline{}$	\top		
c.	NAMECNI	PORT NO.													
	FATHER'S/HUSBAND'S NAME														
9. 1	NOMINEE DETAILS										—	_		_	
a. l	NAME b. CNIC	C/NICOP/PASS	PORT NO.												
c. FATHER'S/HUSBAND'S NAME															
d. RELATION(should be either spouse, father, mother, brother, sister and son or daughter, including a step or adopted child.)															
10. OCCUPATION (FOR INDIVIDUAL) (kindly mark tick [√] in appropriate box) 11. CATEGORY (FOR COMPANY OR OTHER BODY CORPORATE) (kindly mark tick [√] in appropriate box)															
	AGRICULTURIST HOUSEHOLD PROFESSIONAL STUDENT		JOINT STOCK COMPANY DDARABA MGMT CO. COOPERATIVE SOCIETY												
	HOUSE WIFE BUSINESS	INVE	STMENT CO	OMPA	NY		FI	NAN	CIAL	INSTI	TUT	ION			
	BUSINESS EXECUTIVE RETIRED PERSON SERVICE INDUSTRIALIST		IRANCE CO SING COMP		IY			RUST	/CHA	RITAE	3LE	IRU	ISI		
SERVICE INDUSTRIALIST LEASING COMPANY OTHER (SPECIFY) OTHER (SPECIFY)															
NA	ME OF TITLE HOLDER		SIGNAT												
IN	CASE OF JOINT HOLDER(S) (if applicable)		*(IN CAS	SE OF	COMPAN	Y OR O	THERE	BODY	CORP	ORATE	≛)				
1	NAME		SIGNAT	TURE											
2	NAME		SIGNA	TURE											
3	NAME		SIGNAT	TURE											
	FOR ISSUER / R/TA RECORD														
NA	ME OF TITLE HOLDER		SIGNAT	URE											
IN	CASE OFJOINT HOLDER(S) (if applicable)														
1	NAME		SIGNAT	URE											
2	NAME		SIGNAT	URE											
3	NAME		SIGNAT	URE											
	FOR THE USE OF CDC PERSONNEL ONLY														
	NAME SIGNATURE		STAI	ИP											
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	SSUER / R/TA NAME	URITY ID		rans <i>a</i>	CHO	עו א	Τ	R/TA	עוט	Т		ATE			
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	POSTED BY		SIGNAT							ATE					
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H	The above information that pertains to CDC is true and correct and the sign	nature(s) of CE	c's authoriz	ed si	gnatory	(les) is	/ are v	alid.							
	SIGNATURE(S) OF AUTHORIZED SIGNATORY(IES), signing in the capacity of tra	ansferor on behalf	of CDC												