**Form for Payment of Cash Dividend Electronically**

I hereby communicate to receive my future dividends directly in my bank account as detailed below.

|  |  |
| --- | --- |
| Name of Company |  |
| Name of Shareholder |  |
| Folio No./CDC Participants ID A/c No. |  |
| CNIC No |  |
| Passport No. (for foreign shareholder) |  |
| Cell Number & Land Line Number |  |
| Email Address  |  |
| Title of Bank Account  |  |
| International Bank Account Number (IBAN) |
| **P** | **K** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bank’s Name |
| Branch Name and Address |

It is stated that the above-mentioned information is correct and in case of any change therein, I will immediately intimate broker / CDC / Share Registrar accordingly.

 \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of shareholder