CENTRAL DEPOSITORY SYSTEMS (PVT) LIMITED

This application should be submitted through your participant

REQUEST FOR INTRA-ACCOUNT/INTER-ACCOUNT TRANSFER OF SECURITIES																						
Name of Account :																						
Address :																						
(1) I/We* wish to transfer the following securities out of my/our*																						
	acc	account No:																				
consen	With		low																	who	ose	
consent is given below. (participant's name)														10								
(Office		QUANTITY use only)							Company Code									REFERENCE NO. Sub-Type				
												-										
												1										
												-										
Signati	are/s of	indiv	/idual	acco	unt h	older/																
1																						
Date:																						
(2) Name of participant:																						
We confirm the authenticity of the signature/s of the above Account Holder/s and hereby authorise the transfer of the above mentioned securities out of the above account held through us.																						
Authorised signature : .																						
Name and Designation: Date:																						
(3)	*I/W	e req	uest t	hat th	e sec	uritie	s ment	ioned	in (1) abo	ve be	transf	erred	l to m	y/our	*						
	acc	account No:]					
	With	١																				
Signati							(partio	cipant e sigr	's na nature	me)												
1							2.									3						
Date :													Authorised Signature and									
* Delete accordingly												Stan	np of cipant	•								