



CENTRAL DEPOSITORY COMPANY OF PAKISTAN LIMITED INVESTOR ACCOUNT SERVICES

SPECIMEN SIGNATURE CARD (INDIVIDUAL)

INVESTOR ACCOUNT NUMBER

(To be filled by CDC Only)

Date: _____

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 _____ Sign in Presence of CDC official _____ CDC Stamp _____