



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

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

**Lahore Office:**  
 2nd Floor,  
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 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

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

## SECURITIES WITHDRAWAL FORM

ISSUER'S / RTA'S COPY

DATE	Day			Month			Year			FORM NO.

<b>1. INVESTOR ACCOUNT NUMBER</b>
<b>2. TITLE OF INVESTOR ACCOUNT</b>
<b>3. SECURITY NAME</b>
<b>4. VOLUME OF SECURITIES TO BE WITHDRAWN:</b>
a. IN FIGURES _____ b. IN WORDS _____
5. _____ NO. OF CERTIFICATE(S) TO BE ISSUED IN LOT(S) OF _____ SHARES / UNITS IN EACH CERTIFICATE
SIGNATURE OF AUTHORIZED SIGNATORY(IES)

## SHAREHOLDER'S DETAIL

<b>1. NAME OF TITLE HOLDER</b>
<b>2. FATHER'S / HUSBAND'S NAME</b>
<b>3. ADDRESS</b>
<b>4. RESIDENTIAL STATUS</b> (mark tick[✓] in appropriate box)
FOR INDIVIDUAL <input type="checkbox"/> RESIDENT PAKISTANI <input type="checkbox"/> NON-RESIDENT PAKISTANI <input type="checkbox"/> FOREIGN NATIONAL
FOR COMPANY OR OTHER BODY CORPORATE <input type="checkbox"/> RESIDENT ENTITY <input type="checkbox"/> NON-RESIDENT / FOREIGN ENTITY
<b>5. CNIC/NICOP/PASSPORT NO. (IN CASE OF INDIVIDUAL)</b>
<b>UIN (IN CASE OF COMPANY OR OTHER BODY CORPORATE)</b>
<b>6. ZAKAT STATUS:</b>
<input type="checkbox"/> MUSLIM-ZAKAT PAYABLE <input type="checkbox"/> MUSLIM-ZAKAT NON-PAYABLE <input type="checkbox"/> NON MUSLIM <input type="checkbox"/> NOT APPLICABLE
<b>7. DIVIDEND MANDATE</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
(fill the following if dividend mandate is ticked yes)
a. <b>BANK ACCOUNT TITLE</b>
b. <b>BANK NAME &amp; BRANCH</b>
c. <b>BANK ACCOUNT NO</b> _____ d. <b>ADDRESS</b> _____

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<b>8. DETAIL OF JOINT HOLDER(S)</b> (if applicable)	
a. NAME _____ CNIC/NICOP/PASSPORT NO. _____	<input type="text"/>
FATHER'S/HUSBAND'S NAME _____	
b. NAME _____ CNIC/NICOP/PASSPORT NO. _____	<input type="text"/>
FATHER'S/HUSBAND'S NAME _____	
c. NAME _____ CNIC/NICOP/PASSPORT NO. _____	<input type="text"/>
FATHER'S/HUSBAND'S NAME _____	

<b>9. NOMINEE DETAILS</b>	
a. NAME _____	b. CNIC/NICOP/PASSPORT 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.) _____	
<b>10. OCCUPATION (FOR INDIVIDUAL)</b> (kindly mark tick [✓] in appropriate box)	<b>11. CATEGORY (FOR COMPANY OR OTHER BODY CORPORATE)</b> (kindly mark tick [✓] in appropriate box)
<input type="checkbox"/> AGRICULTURIST <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> HOUSE WIFE <input type="checkbox"/> BUSINESS EXECUTIVE <input type="checkbox"/> SERVICE <input type="checkbox"/> OTHER (SPECIFY) _____	<input type="checkbox"/> HOUSEHOLD <input type="checkbox"/> STUDENT <input type="checkbox"/> BUSINESS <input type="checkbox"/> RETIRED PERSON <input type="checkbox"/> INDUSTRIALIST <input type="checkbox"/> MUTUAL FUND <input type="checkbox"/> MODARABA MGMT CO. <input type="checkbox"/> INVESTMENT COMPANY <input type="checkbox"/> INSURANCE COMPANY <input type="checkbox"/> LEASING COMPANY <input type="checkbox"/> OTHER (SPECIFY) _____
<input type="checkbox"/> JOINT STOCK COMPANY <input type="checkbox"/> COOPERATIVE SOCIETY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> TRUST/CHARITABLE TRUST	

NAME OF TITLE HOLDER _____	SIGNATURE & STAMP* _____
*(IN CASE OF COMPANY OR OTHER BODY CORPORATE)	
IN CASE OF JOINT HOLDER(S) (if applicable)	
1 NAME _____	SIGNATURE _____
2 NAME _____	SIGNATURE _____
3 NAME _____	SIGNATURE _____

<b>FOR ISSUER / R/TA RECORD</b>	
NAME OF TITLE HOLDER _____	SIGNATURE _____
IN CASE OF JOINT HOLDER(S) (if applicable)	
1 NAME _____	SIGNATURE _____
2 NAME _____	SIGNATURE _____
3 NAME _____	SIGNATURE _____

<b>FOR THE USE OF CDC PERSONNEL ONLY</b>				
NAME _____	SIGNATURE _____	STAMP _____		
ISSUER / R/TA NAME _____	SECURITY ID _____	TRANSACTION ID _____	R/TA ID _____	DATE _____
SAVED BY _____	SIGNATURE _____	DATE _____		
POSTED BY _____	SIGNATURE _____	DATE _____		
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 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 for this Securities Withdrawal Form, in terms of Regulation 12A.8 of the Central Depository Company of Pakistan Limited Regulations.



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FOR INDIVIDUAL <input type="checkbox"/> RESIDENT PAKISTANI <input type="checkbox"/> NON-RESIDENT PAKISTANI <input type="checkbox"/> FOREIGN NATIONAL
FOR COMPANY OR OTHER BODY CORPORATE <input type="checkbox"/> RESIDENT ENTITY <input type="checkbox"/> NON-RESIDENT / FOREIGN ENTITY
5. CNIC/NICOP/PASSPORT NO. (IN CASE OF INDIVIDUAL) UIN (IN CASE OF COMPANY OR OTHER BODY CORPORATE)
6. ZAKAT STATUS:
<input type="checkbox"/> MUSLIM-ZAKAT PAYABLE <input type="checkbox"/> MUSLIM-ZAKAT NON-PAYABLE <input type="checkbox"/> NON MUSLIM <input type="checkbox"/> NOT APPLICABLE
7. DIVIDEND MANDATE <input type="checkbox"/> YES <input type="checkbox"/> NO (fill the following if dividend mandate is ticked yes)
a. BANK ACCOUNT TITLE
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c. BANK ACCOUNT NO _____ d. ADDRESS _____

MP 04-11

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FATHER'S/HUSBAND'S NAME _____	
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<input type="checkbox"/> AGRICULTURIST <input type="checkbox"/> HOUSEHOLD <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> STUDENT <input type="checkbox"/> HOUSE WIFE <input type="checkbox"/> BUSINESS <input type="checkbox"/> BUSINESS EXECUTIVE <input type="checkbox"/> RETIRED PERSON <input type="checkbox"/> SERVICE <input type="checkbox"/> INDUSTRIALIST <input type="checkbox"/> OTHER (SPECIFY) _____	<input type="checkbox"/> MUTUAL FUND <input type="checkbox"/> JOINT STOCK COMPANY <input type="checkbox"/> MODARABA MGMT CO. <input type="checkbox"/> COOPERATIVE SOCIETY <input type="checkbox"/> INVESTMENT COMPANY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> INSURANCE COMPANY <input type="checkbox"/> TRUST/CHARITABLE TRUST <input type="checkbox"/> LEASING COMPANY <input type="checkbox"/> OTHER (SPECIFY) _____

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SIGNATURE(S) OF AUTHORIZED SIGNATORY(IES), signing in the capacity of transferor on behalf of CDC				

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