(Registered with SECP under the Balloters and Transfer Agents Regulations-2017)

Date:			
Dear Sir,			
Shareholding Proportion for Shareholders	or the Purpose of De	duction of Tax on Dividend In	come of Joint
Folio# / CDC Account No.			
Company(s) Name			
Principle Shareholder		Joint Holder(s)	
Name & CNIC	Shareholding Proportion (No. of Shares)	Name & CNIC	Shareholding Proportion (No. of Shares)
	,		,
We request you to kindly no of determine of tax on divid		proportion as mentioned aboungly.	ve for the purpose
Regards,			
Signature of Principal Share	eholder	Signature of Join	nt Shareholder(s)

NOTE: Please submit duly filled and signed form along with the legible photocopies of valid CNIC of principal Shareholder and joint shareholder(s)

Contact Information