olio No	Application No	Certificate/s Number			
	Form for Tr	ansfer of Shares			
	(First Schedule to	he Companies Act, 2017)			
10					
ie					
		s/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/os/d/w/o			
		_ paid to me / us by s/d/w/o			
		hereinafter called the transferee(s), do h			
id transferee(s)			iereby transier to		
		ctive numbers from			
		ne			
		administrator(s) and assigns, subject to the sev			
hich I / we held the same at the nare (or shares) subject to the c s witness our hands this	conditions aforesaid.	nd I / we the said transferee(s)k, do hereby ag			
gnaturo		Signature			
gnature ansferor (Seller)		Signature			
ıll Name		Full Name			
ather's / Husband's Name		Father's / Husband's Name			
CNIC No.		CNIC No.			
Encl: Photocopy of CI		Encl: Photocopy of CNIC			
in case of foreigner, Passport #)Nationality		(in case of foreigner, Passport #)Nationality			
Occupation		Occupation			
Residential Address		Residential Address			
•					
Cell No.		Cell No.	-		
		Landline	_		
		Email Address			
ITNESS 1:		WITNESS 2:			
gnature	Date	Signature Da	ate		
ame		Name			
CNIC No.		CNIC No.	- -		
Encl: Photocopy of CN	NIC	Encl: Photocopy of CNIC			
ıll Address —————		Full Address ————————			
	Bank Account Details of Tran	sferee for Payment of Cash Dividend			
	landatory in case of a listed con	pany or optional for any other company)			
It is requested that all my ca	sh dividend amounts declared	by the company, may be credited into the following	g bank account:		
International Bank Account N (IBAN) - Mandatory	lumber P K				
Bank's Name					

Signature of the Transferee(s)

COMP	ANY NAME:			
FOLIO	#			
NAME	OF SHAREHOLDER:			
			-	
S#	SHARE CERTIFICATE #	DISTINCTIVE NUMBER FROM	DISTINCTIVE NUMBER TO	NUMBER OF SHARE
	Comment of the Commen		Г	
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TOTAL

23. 24. 25.