Folio No. _____ Application No. _____ Certificate/s Number _____

Form for Transfer of Shares

(First Schedule to the Companies Act, 2017)

The _____

I / We _____ s/d/w/o _____ r/o _____ (hereinafter called "the transferor") in consideration of the sum of rupees _____ paid to me / us by _____ s/d/w/o _____ r/o _____ hereinafter called the transferee(s), do hereby transfer to the said transferee(s) _____ the _____ share (or shares) with distinctive numbers from _____ to _____ inclusive, in the _____ to hold unto the said transferee(s), his / her / their executor(s) administrator(s) and assigns, subject to the several conditions on which I / we held the same at the time of execution hereof, and I / we the said transferee(s), do hereby agree to take the said share (or shares) subject to the conditions aforesaid.

As witness our hands this _____ day of _____

Transferor (seller)	Transferee (buyer)
Signature _____	Signature _____
Full Name _____	Full Name _____
Father's / Husband's Name _____	Father's / Husband's Name _____
CNIC No. [ ][ ][ ][ ][ ][ ]-[ ][ ][ ][ ][ ][ ][ ]-[ ]	CNIC No. [ ][ ][ ][ ][ ][ ]-[ ][ ][ ][ ][ ][ ][ ]-[ ]
Encl: Photocopy of CNIC	Encl: Photocopy of CNIC
Cell _____	Email Address _____
Nationality _____	Nationality _____
Occupation _____	Occupation _____
Residential Address _____	Residential Address _____
(In case of foreigner, Passport #) _____	Cell No. _____
	Land line _____
	(In case of foreigner, Passport #) _____
WITNESS 1:	WITNESS 2:
Signature _____ Date _____	Signature _____ Date _____
Name _____	Name _____
CNIC No. [ ][ ][ ][ ][ ][ ]-[ ][ ][ ][ ][ ][ ][ ]-[ ]	CNIC No. [ ][ ][ ][ ][ ][ ]-[ ][ ][ ][ ][ ][ ][ ]-[ ]
Encl: Photocopy of CNIC	Encl: Photocopy of CNIC
Cell _____	Cell _____
Full Address: _____	Full Address: _____

Bank Account Details of Transferee for Payment of Cash Dividend

(Mandatory in case of a listed company or optional for any other company)

It is requested that all my cash dividend amounts declared by the company, may be credited into the following bank account:

International Bank Account Number (IBAN) — Mandatory	P K [ ]
Bank's Name:	
Branch Name and Address:	

It is stated that the above-mentioned information is correct and that I will intimate the changes in the above-mentioned information to the company and the concerned Share Registrar as soon as these occur.

_____

Signature of the Transferee(s)

COMPANY NAME:	
FOLIO #	
NAME OF SHAREHOLDER:	

S #	SHARE CERTIFICATE #	DISTINCTIVE NUMBER FROM	DISTINCTIVE NUMBER TO	NUMBER OF SHARE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
			TOTAL	