

# Dividend Mandate Form

(For Physical Shareholders)

Date: \_\_\_\_\_

To:

Mr. Asif Awan

Share Registrar – Askari Bank Limited

CDC Share Registrar Services Limited  
Lahore Branch, Mezzanine Floor, South Tower, LSE Plaza  
19-Khayaban-e-Aiwan-e-Iqbal, Lahore.  
Tel: (042) – 36362061-66  
Fax: (042) – 36300072  
Email: info@cdcpak.com  
Website: www.cdcpakistan.com

Dear Sir

I \_\_\_\_\_ S/W/D/O \_\_\_\_\_ hereby authorize **Askari Bank Limited** to directly credit cash dividend(s) declared by it, if any, in the below mentioned bank account:

Details of Shareholder	
Name of shareholder	
Folio / CDS Account No.	
CNIC No.	
NTN (in case of corporate shareholder)	
Passport No. (in case of foreign shareholder)	
Cell number of shareholder	
Landline number of shareholder, if any	
Email address	

Details of Bank Account	
Title of the Bank Account	
International Bank Account Number (IBAN) (Mandatory)	<b>PK_____ (24 digits)</b> (Kindly provide your accurate IBAN after consulting with your respective bank branch since in case of any error or omission in given IBAN, Askari Bank will not be held responsible in any manner for any loss or delay in your cash dividend payment).
Bank's Name	
Branch Name and Address	

It is stated that the above-mentioned information is correct and in case of any change therein, I/we will immediately intimate Participant/ Share Registrar accordingly. Furthermore, please also credit unclaimed dividend (if any) to designated IBAN and dispatch returned/undelivered share certificate(s) to registered address.

\_\_\_\_\_  
Signature of the Shareholder

[As per specimen signatures registered with Askari Bank/Shares Registrar]