

FORMAT OF POWER OF ATTORNEY

[TO BE MADE ON STAMP PAPER OF RS 200/- (For IAS Karachi & IAS Islamabad) & Rs.500/ - (for IAS Lahore) DULY ATTESTED BY NOTARY PUBLIC]]

**SPECIAL POWER OF ATTORNEY FOR OPERATING TRADING ACCOUNT, AND
CDC SUB-ACCOUNT**

BY THIS POWER OF ATTORNEY this _____ day of _____, 20__.

(1) I _____ s/o, w/o, d/o _____, holding CNIC/NICOP/Passport No. _____, at present residing at _____ holder(s) of Trading Account No. _____ and CDC Sub-Account No. _____ do hereby nominate, constitute and appoint _____, son/ daughter/ wife of _____, at present residing at _____, and holder of CNIC/NICOP/Passport No. _____, whose signature is given below, who is my/our _____ (relationship) as my/our constituted attorney with the Sakarwala Capital Securities (Pvt.) Limited ("SCSL"), to deposit funds and/or securities into the said Trading & CDC Sub-Account, to transfer funds and/or book-entry securities into or from the said Trading & CDC Sub-Account, to withdraw funds and/or book-entry securities from the said Trading & CDC Sub-Account, to pledge in favor of any Eligible Pledgee any or all book-entry securities in the said Trading & CDC Sub-Account, to subscribe to right shares crediting in the said Trading & CDC Sub-Account, to redeem book-entry securities representing any Units or other redeemable securities in the said Trading & CDC Sub-Account, to exercise any Put Option in respect of any securities held in the said Trading & CDC Sub-Account, to request for the issuance of new transaction order book, to update Trading & CDC Sub-Account registration details, to access, operate and use the Direct Settlement Service (including Earmarking instructions) and/or CDC Access Online Transaction Service including all features and facilities offered by CDC from time to time as given in each therein on my/our behalf, to close or terminate my/our subscription to the Direct Settlement Service and/or CDC Access Online Transaction Service, to sign all forms, documents, instruments and instructions from time to time as may be required to be signed for carrying out any of the activities mentioned above, all in accordance with Central Depositories Act, 1997, the Central Depository Company of Pakistan Limited Regulations including the Terms & Conditions for Trading & CDC Sub-Accounts, Direct Settlement Service and/or CDC Access Online Transaction Service, the procedures established by CDC and the notifications and instructions from time to time issued by CDC in connection with the Trading & CDC Sub-Accounts, Direct Settlement Service and/or CDC Access Online Transaction Service.

I/we shall ratify and confirm and agree to ratify and confirm whatsoever my/our said attorney shall do or cause to be done in terms of this Power of Attorney.

IN WITNESS WHEREOF, I/we executed this Power of Attorney on the day and year above-mentioned.

Name of account Holder(s) I) _____ ii) _____ iii) _____ iv) _____

Signatures: I) _____ ii) _____ iii) _____ iv) _____

Name of Attorney: _____ **Signature of Attorney:** _____

Contact Details of Attorney:

Tel & Cell No.: _____ Fax No.: _____ Email Address: _____

WITNESSES:

- | | |
|-------------------------------|-------------------------------|
| 1. Signature _____ | 2. Signature _____ |
| Name: _____ | Name: _____ |
| CNIC/NICOP/Passport No. _____ | CNIC/NICOP/Passport No. _____ |
| Address: _____ | Address: _____ |

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