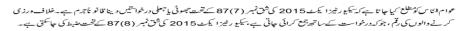
SUBMISSION OF FALSE AND FICTITIOUS APPLICATIONS IS AN OFFENCE UNDER SECTION 87(7) OF THE SECURITIES ACT, 2015 AND SUCH APPLICATIONS' MONEY MAY BE FOREFIETED UNDER SECTION 87(8) OF THE SECURITIES ACT, 2015





INVEST	/ENT	IN SE	CURI	TIES IS	A HIGH	ILY RI	SKYE	BUSIN	IESS.	INVE														ULLY	READ	THE	CONT	ENTS	OF T	HE PR	OSPI	ECTU	S ESF	PECIA	LLY	
	THE RISK FACTORS BEFORE MAKING ANY INVESTMENT DECISION.  At-Tahur Limited  APPLICATION FOR SUBSCRIPTION OF SHARES														SUBSCRIPTION DATE																					
																														om July 02, 2018 to July 03, 2018 during banking hours					:018	
٠.																							ry form ruction I							Broker's Stamp & Code						
Sip							,																													
At-Tahur The Directors,							CDC		TICIPANT / ACCOUNT HOLDER ID				SUB ACCOUNT NUMBER						HOUSE A/C NO.								PSX									
182- Abu Bakar Block, New Garden Town, Lahore, Pakistan						CE	OC IN	O /ESTOR ACCOUNT										 				Į.								Co	ode					
www.at-tahur.com											CES ID			CDC INVESTOR ACCOUNT NO.					-																	
I/We apply for the following number of Shares							nt Issue	e Price	e for th	or the value indicated t				below:					1										$\exists$	Banker's Stamp						
No. of Shares Applied For									Amount Payab			le in PKR					Cheque/ Demand				Draft/Pay Order No.					Bankers										
2) I/We a	gree	to acc	ept the	same	or any	smalle	r numl	ber of	Share	es thar	t may	be all	otted 1	o me	/us up	on the	terms	s as si	tated i	in the	Prosp	ectus.	. I/We au	ıthorize	e you t	to cred	dit the		For Bar	Ва	ınk			0 1		
Shares to means my	me/u	s purs	uant to	this ap	plication	n and if	f no SI	hares	or a s	maller	numb	per of	Shares	s are a	allotted	to m	e/us y	ou are	hereb	y auth	orized	d to re	eturn to n	ne/us b	y ched	que or	other			Co		<u>'</u>	Branch	1 Code	9	
																							Reside	or Pakistanis esident 01 en-resident 02					A	oplicat	tion Se	erial N	0.			
3) DECLARATION   I am/We are national(s) of   iii) I am/We are national(s) of   iii) I am/We are not minor(s); iii) I/We have not made nor have I/We are not minor(s) in the name of any other person on my/our behalf or in any fictitious name; iv) I/We agree to abide by the instructions provided with this application and in case of any information given herein being incorrect I/We understand that I/We shall not be entitled to the allotment of Shares if successful rather the application money shall be liable to confiscation if this declaration proto be incorrect at any time.    Yours faithfully,   Your															cation																					
Signature(s) a) b)																																				
4) ALL DE					TEN IN	1	g	. 5(5)	В	L		С	K	-	L	E	т	Т	E	R	s		IN TH	E SPA	CES F	PROV	IDED,	LEGI	BLY IN	I BLA	CK PI	EN	_			
a) Name ir	Mrs	(as pe	$\neg$	Please	Tick																															
Father's/H	usba	nd's N	ame (a	s per C	CNIC)																															
Identity No (CNIC/ Pas Identity No (NTN*)	spor	t/ Regi	stratio	n No.)																																
INVESTORS	ARE E	NCOUR#	GED TO	DISCLOS	SE THEIR N	TN NUM	BERS TO	O FACIL EDUCED	TAX R	HE AT-T	TAHUR L 15.0% A	LIMITED	TO CHE	CK STA	TUS OF OF 20.0	THE SH % FOR M	ARE HO	LDERS A	AS TAX PAYMEN	RETURN NT OF C	FILER	OR NO	FILER FRO	OM THE A	CTIVE T BY THE	COMPA	ERS LIS NIES.	T (ATL)	AVAILAE	BLE ON 1	THE WE	BSITE C	OF FBR.	PLEASE	NOTE	
Full Address																																				
Phone No.																						cupation Code				Mu	slim				Non I	Muslim				
International Bank Account Number (IBAN)																																				
Bank Nam Branch Na		k Addre	ess								H																									
Additional Information - For Non-Resident Pak							anies a	and Fo	reign	Invest	tors O	nly									Date	e of Iss	ue of Pas	sport												
Place of Issue of Passport  Corporate Business Letter enclosed									No				Nationality Code					(DD-N				MM-YYYY) of Residence							_							
5) FOR JOINT HOLDER, IF ANY b) Name in Full (as per CNIC)																																				
Mr. Ms.	Mrs Imbe	Co.		Please	e Tick					F	L																									
(CNIC/ Pas	MAN	DATE	: Mark	tick [ 🕶							] No					l								1		l		l								
In order to			Compa	any to	credit th	e cash	divide	end de	aclare	d, if an	ıy, by	the Co	mpan	y, in S	Shareh	older	Holde	r bank	acco	unt, in:	stead	throu	gh divide	end wa	rrants,	, pleas	se fill i	n the f	ollowi	ng box	tes:					
Internation Number (I			count																																	
Bank Name																													Siar	nature	of the	Appli	cant			
Branch Name and Address										(TO B	E FIL	LED II	N BY	THE A	PPLIC	CANT	S BAI	NKER	)									_		as per e Bank account						
It is cert verified as confirm that	per th	ie bank	's reco	d and	thier CNI	C/Pass	sport. It	t is furt					s ment	ioned	above	at this	bank l	branch	and h	is/her/t	heir pa	articula														
Note: In c manager o												Banke	rs to t	he Iss	ue (th	rough	pay o	order o	r ban	k draft	), this	certi	fication s	shall b	e prov	ided I	by the		Bank's Authorized Signatory Bank's Rubber Stamp							
					ı		ı	NAME	OF T	HE AF	PLIC	ANT I			N SIG					PPLIC	ANT		ı		1	ı			SPECIMEN SIGNATURE(S)							
a)																																				
b)																																				
																										<u> </u>										
Bankers to Received for				nal ack	nowledge	ement o		ication	for sha	ares of	At-Tal	hur Lin	nited					a	pplicat	ion for					_											
			Nam	e of Ba	ank				Γ	Branch	h Cod	le	1	٨	pplicat	tion S	erial N	n.					Date of	Recein	t			Sia	nature	of Au	ıthori:	zed R	epres	entati	ve &	
			, vani	J J1 D6	11%					J. ai IUI	. 500			А	וניטווקקי	36	onai IV	J.				_	2410 UI	ισσειρ	_			Sign	nature of Authorized Representative & Rubber Stamp of Receiving Bank							