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SHARE TRANSFER FORM - INDIVIDUALS

(Please fill a	ll the details	in Block Lette	rs in English)					
Application No.					Date:	D D M M Y Y		
Change Initiated by:					l			
Trading Cl	ient Code	:			_ CDC Sub-A/C#			
Main Account Holders Details								
Name of First Joint Holder								
Name of the Second Joint Holder								
Name of the Third Joint Holder								
securities indemnifie	to A/C Ti s AZEE Se	tle	m all losses A/C.	s, damages, liabilit	CDC Sub A/C # _		transfer the below mentioned	
S No.				Name of Securities			Qty	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
 That t proced formal That al and ad That the of secular of secular points I/ we see bound 	he trades ures of the ities and do I the sell of iust such so ie client sharities condirm a	ne CDC and locumentation purchase securities or nall also pay ducted through made having r	ment of al PSX. The con, to enable of securities all "CDC" clugh the center all the	lient shall issue all le AZEE to conduct	I necessary instruction behavement on behavers and transferor's A/C casely transferor's lial to all trades or mostem.	ctions and a nalf of the clarried or ma pility and ob- vements see to be time to	intained in the Transferee's A/C	
Name				Name		Nan	ne	