

**FORMAT OF POWER OF ATTORNEY**

**[TO BE MADE ON STAMP PAPER OF RS 500/- DULY ATTESTED BY NOTARY PUBLIC]**

**SPECIAL POWER OF ATTORNEY FOR OPERATING INVESTOR ACCOUNT**

BY THIS POWER OF ATTORNEY this \_\_\_\_\_ day of \_\_\_\_\_, 2021,  
 (1) I \_\_\_\_\_ s/o, w/o, d/o \_\_\_\_\_  
 \_\_\_\_\_, holding CNIC/NICOP/No. \_\_\_\_\_ residing at \_\_\_\_\_  
 \_\_\_\_\_ Holder(s) of trading account number.  
 \_\_\_\_\_ CDC-Sub Account No. \_\_\_\_\_ do hereby nominate, 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 Central Depository Company of  
 Pakistan Limited ("CDC"), to deposit securities into the said CDC-Sub Account, to transfer book-entry securities  
 into or from the said account, to withdraw book-entry securities from the said account in physical form, to  
 pledge in favour of any Eligible Pledgee any or all book-entry securities in the said account, to use the Direct  
 Settlement Service on my/our behalf, 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 Investor Accounts, the procedures established by CDC and  
 the notifications and instructions from time to time issued by CDC in connection with the CDC sub Accounts.

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)** \_\_\_\_\_

**Signatures:** \_\_\_\_\_

**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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