NOMINEE FORM

Date:			1 noto	
	aging Director Securities Ltd.			
		Atte	Photograph of Nominee sted by Account Holder Nominee NID Copy.	
	ount Number: with EBL Securities Limited			
I/We	(Full name)	have given ı	my/our authority	
to	1)Relation	Percentage of Benefit		
	2)Percentage of Benefit			
	3)Relation	ıshipPercer	tage of Benefit	
	4)Percentage of Benefit			
	e in after called "the Nominee") of			
(b) That accourt (c) I/V until reby you person	ment of all liabilities (if any) held by you in my/our act in the event, the nominee who is authorized, remains authorized to receive it. We hereby declare that everything done by you in pureceive notice from me/us in writing to the contrary. It is pursuance of this authority shall be binding on mass claiming through or under me/us. Atture of the EXECUTANT:	ins a minor at the time of c/draw the amount & sl ursuance of this authority Furthermore, I/We hereb	shall be binding upon me/us y declare that everything done	
1. Sig	nature:	2. Signature	:	
Na	me & Address:	Name & A	Address:	
Signa	ture of the NOMINEE :			
Name Signa Signa	nature: e &Address: ature of guardian (If Nominee is a Minor) ature: e & Address :	2. Signature Name &A		
Signa	ature of the WITNESS :			
	nature: e & Address :.		gnature: Iame &Address	