

Anjum Asim Shahid & Co

Chartered Accountants

Member of Grant Thornton

The Director Education and Training
The Institute of Chartered Accountants of Pakistan
Chartered Accountant Avenue, Clifton
Karachi - 75600

CERTIFICATE OF COMPLETION OF TRAINING (FORM 'S')

I certify that the Trainee Student named below served Trainee Student under registered training contract with me for the period stated in accordance with the bye-laws, of the Institute of Chartered Accountants of Pakistan and that his progress was satisfactory.

PRINCIPAL	NAME AND ADDRESS OF FIRM
Mr. Asim Iftikhar	ANJUM ASIM SHAHID & CO Chartered Accountants 1-Inter floor, Eden Centre, 43-Jail Road Lahore.
TRAINEE STUDENT	
Name: SAQIB JAVAID Father's Name: MUHAMMAD ASHRAF JAVAID	ICAP Reg No. 1 1 5 4 9

PERIOD OF TRAINING SERVED (including approved excess leave period)	
IN FIGURES	From 1 6 1 1 1 9 9 7 To 1 5 1 1 2 0 0 1 D M Y D M Y
IN WORDS	From November 16, 1997 To November 15, 2001

LEAVE AVAILABLE			
Normal	180	Excess *	N/A
Total leave available		1 8 0	
* Excess leave approved by ICAP's letter No. _____ dated _____			

IN CASE OF RE-REGISTRATION UPON TRANSFER FROM ANOTHER FIRM	
Previous Principal: _____ Firm: _____ Regn No: _____ Period served Form: _____ To: _____ Leave availed: _____ Days	Previous Principal: _____ Firm: _____ Regn No: _____ Period served Form: _____ To: _____ Leave availed: _____ Days

Place: Lahore

c.c Mr. Saqib Javaid

Date: November 15, 2001

Assistant Professor
GOVT, M.A.O. COLLEGE
LAHORE

Signature of Principal