## **Declaration of Ultimate Beneficial Owner From**





|          | e of Corporate Entity:       | Persons* Who Are "Ultimate                 | Beneficial Owne        | rs" (Ubc      | ) In I                |                   | on Number:                |                  |
|----------|------------------------------|--|------------------------|---------------|-----------------------|-------------------|---------------------------|------------------|
| 4        | Full Name                    | Father's / Husband's Name                  | CNIC / Passport        |               | í                     | C Issue Date      | Date of Birth             | Nationality      |
|          | Tunivanic                    | Taulet 37 Husballu 3                       | CIVIC / I assport      | 140.          | CIVII                 | 2 issue Date      | Date of Birth             | rvacionancy      |
| F        | Residential Address:         |  |                        |               |                       |                   | % of Share - holding:     |                  |
| t        | Full Name                    | Father's / Husband's Name                  | CNIC / Passport        | No.           | CNIC                  | C Issue Date      | Date of Birth             | Nationality      |
| F        |                              |  |                        |               |                       |                   |                           | <u> </u>         |
| -        | Residential Address:         |  |                        |               | <u> </u>              |                   | % of Share - holding:     |                  |
|          | Full Name                    | Father's / Husband's Name                  | CNIC / Passport        | No.           | CNIC                  | C Issue Date      | Date of Birth             | Nationality      |
|          |                              |  |                        |               |                       |                   |                           |                  |
| -        | Residential Address:         |  |                        |               | I                     |                   | % of Share-holding:       |                  |
| se       | copy & replicate the above   | table if there are additional Ultimate Ben | eficial Owners. Furth  | ner, also sha | re copy               | of valid CNICs    |                           |                  |
|          |                              | rson Is Identified As Ultimate E           |                        | r (Ubo) I     | n The                 | Corporate l       | Entity,                   |                  |
| lea      | ase Provide Details O        | f Senior Management Officials*             | CNIC /                 | CNIC I        | ssue                  |                   |                           |                  |
| •        | Full Name                    | Father's / Husband's Name                  | Passport No.           | Date          |                       | Date of Birth     | Nationality               | Designation      |
|          |                              |  |                        |               |                       |                   |                           |                  |
|          | Residential Address:         |  |                        |               | % of Share - holding: |                   |                           |                  |
| 2.       | F 11.5:                      | F.1. 1 /11 1 11 11                         | CNIC /                 | CNIC I        | ssue                  | D . (5)           | N                         |                  |
|          | Full Name                    | Father's / Husband's Name                  | Passport No.           | Date          |                       | Date of Birth     | Nationality               |                  |
|          |                              |  |                        |               |                       |                   |                           |                  |
|          | Residential Address:         | 1  |                        |               | % of Share - holding: |                   |                           |                  |
|          | Full Name                    | Father's / Husband's Name                  | CNIC /                 | CNIC I        | ssue                  | Date of Birth     | Nationality               |                  |
| •        | T dil i vallic               | Tauter 37 Husband 3 Ivanic                 | Passport No.           | Date          |                       | Date of Birtin    | rvacionancy               |                  |
|          |                              |  |                        |               |                       |                   |                           |                  |
|          | Residential Address:         |  | % of Share - I         |               | % of Share - ho       | olding:           |                           |                  |
| ase      | copy & replicate the above   | table if there are additional Senior Mana  | gement Officials Furt  | her, also sh  | are cop               | y of valid CNIC   | s                         |                  |
| . D      | etails Of Board Of D         | irector / Trustees                         |                        |               |                       |                   |                           |                  |
|          | Full Name                    | Father's / Husband's Name                  | CNIC /                 | CNI           | C Issue Date          |                   | Date of Birth             | Nationality      |
| _        |                              |  | Passport No.           |               |                       |                   |                           |                  |
| ٠        |                              |  |                        |               |                       |                   |                           |                  |
| <u>.</u> |                              |  |                        |               |                       |                   |                           |                  |
| i.       |                              |  |                        | +             |                       |                   |                           |                  |
|          |                              |  |                        |               |                       |                   |                           |                  |
| eas      | e copy & replicate the abov  | e table if there are additional Directors/ | Trustees. Further, als | so share co   | py of va              | llid CNICs        |                           |                  |
| Ve       | hereby declare that the info | ormation provided in this Form is true an  | d accurate, and if suc | h informati   | on char               | iges, I / We will | promptly notify within 30 | days in writing. |
|          |                              |  |                        |               |                       |                   |                           |                  |
|          |                              |  |                        |               |                       |                   |                           |                  |
|          |                              |  |                        |               |                       |                   |                           |                  |
|          | Name                         |  | <u> </u>               | Signatur      | e & C                 | ompany Sta        | <br>mp                    | Date             |
|          |                              |  |                        |               |                       |                   |                           |                  |
|          | e:                           |  |                        |               |                       |                   |                           |                  |

- considered as UBOs, If UBO is a corporate then its UBO must be shared; and
- For Foundations, Trusts and Non-Profit Organizations, Natural Person(s) serving as Directors, Settlor, Trustee(s) and Beneficiaries shall be considered UBO(s)
- Natural Person(s) owning the ultimate parent Company of a Corporate Entity shall also be declared as UBO.
- \*\* Chief executive officer, Changing director, Deputy managing director, Chief Operating Officer, Company Secretary, Chief Financial Officer, Chief Compliance Officer and Chief Regulatory Officer and any holder of such positions by whatever name called who have sufficient knowledge of entity's risk exposure and of sufficient authority who may affect Risk Management.

