

## DIVIDEND MANDATE FORM

The Manager Shares  
FAMCO Associates (Pvt) Limited 8-F,  
Next to Hotel Faran, Nursery,  
Block-6, P.E.C.H.S., Shahrah-e-Faisal, Karachi.

I,  
Mr./Mrs./Ms.....S/O,D/O,W/O.....  
...hereby authorize Agriauto Industries Limited to directly credit cash dividend declared by it, if any, in the below mentioned bank account.

<b>(i) Shareholder's Detail:</b>	
Name of the Shareholder	
Folio No./CDC Participants ID A/C No.	
CNIC No.*	
Passport No. (In case of foreign Shareholder)**	
Email address	
Landline Phone Number	
Cell Number	

<b>(ii) Shareholder's Bank Detail:</b>	
Title of Bank Account	
Bank Account Number	
IBAN #	
Bank Name	
Branch Name and Address	

It is stated that the above-mentioned information is correct and that I will intimate the changes in the above-mentioned information to the Company and the concerned Share Registrar as soon as these occur.

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Signature of the Shareholder

Shareholders who hold shares with Participants / Central Depository Company of Pakistan (CDC) are advised to provide the mandate to the concerned Broker / CDC.

\*Please attach attested photocopy of the CNIC.

\*\*Please attach attested photocopy of the Passport.