POWER OF ATTORNEY

<u>SPECIAL POWER OF ATTORNEY FOR OPERATING SUB ACCOUNT</u>

BY THIS POWER OF ATTORNEY this _____ day of _____, 2018.

I _____ S/O _____ holding CNIC/NICOP No._____ ,at present residing at _____Holder of Sub Account No. _____do hereby Authorized , constitute and appoint _____, son of _____, at present residing <u>at</u>_____, and holder of CNIC _____.

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 funds and/or securities into the said Sub Account**,** to transfer funds and/or book-entry securities into or from the said Sub Account, to withdraw funds and/or book-entry securities from the said Sub Account, to pledge in favour of any Eligible Pledgee any or all book-entry securities in the said Sub Account, to subscribe to right shares crediting in the said Sub Account, to redeem book-entry securities representing any Units or other redeemable securities in the said Sub Account, to exercise any Put Option in respect of any securities held in the said Sub Account, to update Sub Account registration details, to access, Online Transaction Service, 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 Sub Accounts, the procedures established by S.D Mirza Securities (Pvt) Ltd and the notifications and instructions from time to time issued by S.D Mirza Securities (Pvt) Ltd in connection with the Sub Account.

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) i) _____

Signatures: i) _____

Name of Attorney: _____ **Signature of Attorney:**   _____

Contact Details of Attorney:

Tel & Cell No.: _____   Fax No.:_____   Email Address: _____

<u>**WITNESSES:**</u>

1.   Signature _____   2.   Signature _____

      Name: _____   Name: _____

      CNIC NO. _____   CNIC NO. _____

      Address: _____   Address: _____