



## EFU LIFE ASSURANCE LTD.

### **Bank Mandate Form**

Folio / CDS Account No. \_\_\_\_\_

Date \_\_\_\_\_

Name of Shareholder \_\_\_\_\_

S/o, D/o, W/o \_\_\_\_\_

Address \_\_\_\_\_

#### **Bank Mandate Form For Electronic Credit of Cash Dividend**

Dear Shareholder,

This is to inform you that in accordance with the Section 242 of the Companies Act, 2017, any dividend payable in cash shall only be paid through electronic mode directly into the bank account designated by the entitled shareholder. Please note that giving bank mandate for dividend payments is **mandatory** and in order to comply with this regulatory requirement and to avail the facility of direct credit of dividend amount in your bank account, you are requested to please provide the following information:

<b>(i) Shareholder's detail</b>	
Name of the Shareholder	
Folio No. / CDC Account No.	
CNIC No.	
Passport No. (in case of foreign shareholder)	
Cell Number of Shareholder	
Landline Number of Shareholder, if any	
E-mail address	

<b>(ii) Shareholder's bank detail</b>	
Title of the Bank Account	
IBAN "24 Digits"	
Bank's Name	
Branch Name and Code No.	
Branch Address	

It is stated that the above mentioned information is correct and in case of any change therein, I/we will immediately intimate Participant / Share Registrar accordingly.

\_\_\_\_\_  
Signature of the Shareholder

You are requested to kindly send this letter immediately duly filled in and signed by you along with legible photocopy of your valid CNIC at our address, **Share Registrar Services, Central Depository Company of Pakistan Limited, CDC House, 99-B, Block B, S.M.C.H.S, Main Shakra-e-Faisal, Karachi-74400, Pakistan.**