

BANNU WOOLLEN MILLS LIMITED

E-DIVIDEND CONSENT FORM

(U/S 159 of Companies Act, 2017)

I hereby declare that I wish to receive all future dividends declared by the Company directly in my bank account, details of which are as follows:

1-	NAME: (IN Block Letters)	
2-	FOLIO NO.	
5-	CNIC Number Please attached attested photocopy of the CNIC.	
6-	Passport Number (in Case of Foreign Shareholders)	
7-	NTN Number	
8-	Address:	
9-	City	
10-	Title of Bank Account	
11-	Bank Account Number	
12-	Bank's Name	
10-	Branch Name & Address	
11-	Mobile Number	
12-	Phone Number	

It is stated that the above-mentioned information is correct, further that I will intimate the changes in the above-mentioned information to Share Registrar i.e., Vision Consulting Limited 5-C LDA Flats, 1st Floor, Lawrence Road, Lahore. Ph: +92-42-36283096-97, Fax: +92-42-36312550

Signatures of Shareholder : _____

NOTE :- Legible printed copy of above request, along with attested copy of CNIC/Passport please be sent through post/courier at our Share Registrar i.e. Vision Consulting Limited 5-C LDA Flats, 1st Floor, Lawrence Road, Lahore.