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Share Registrar Complaint Form

Form no:	(For Office Purpose)	Date:	
submit it either po	ost or via email address at sh a	ke sure to sign and mentioned the sure to sign and mentioned the sure. In the sure was also been mentioned at our	Please note
Name of Shareholde	er/Complainant:		
Company Name:			
Folio/CDS Account #	t:		
CNIC/NICOP/Passpo	ort #:		
Contact Cell/Teleph	one #:		
Email Address:			
•	of complaint/inquiry.:		
Name of document	attached (if any):		
Complainant Signati	ure:	Receiving stamp:	