



ADDITIONAL PAYMENT FORM

 Citi Pharma Limited <small>Care to Cure</small>	Book Runner	Tick One <input type="checkbox"/> KHI <input type="checkbox"/> LHR <input type="checkbox"/> ISB <input type="checkbox"/> FSL <input type="checkbox"/> PSH <input type="checkbox"/> QUT <input type="checkbox"/> AZK <input type="checkbox"/> BLT/GLT				
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Bidding Dates</td> <td>June 15, 2021 to June 16, 2021</td> </tr> <tr> <td>Bidding Form No.</td> <td></td> </tr> </table>		Bidding Dates	June 15, 2021 to June 16, 2021	Bidding Form No.
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INITIAL PUBLIC OFFERING OF ORDINARY SHARES OF CITI PHARMA LIMITED THROUGH BOOK BUILDING PROCESS AT A FLOOR PRICE OF PKR 28.00 PER SHARE (INCLUDING A PREMIUM OF PKR 18.00/- PER SHARE)

PLEASE FILL THE FORM IN BLOCK LETTERS. PLEASE MAKE SURE TO PROVIDE ACCURATE DETAILS TO AVOID ANY INCONVENIENCE

Name		CNIC #		Cell #	
		NTN		Land Line #	
Client ID: (ID generated and e-mailed at the time of bid placement)		Resident	<input type="checkbox"/>	Nationality (If other than Pakistani)	
		Non Resident	<input type="checkbox"/>		
		Foreigner	<input type="checkbox"/>		
Additional Payment Details					
Payments to be made in favor of <i>"CITI PHARMA LIMITED BOOK BUILDING"</i>					
Amount in Figures		Instrument #		Instrument Date	
Banker's Name, Address & Branch					

1. It may be noted that only a single pay order, demand draft or evidence of online transfer of money shall be accepted by the Book Runner along with each Additional Payment Form;
2. I DECLARE THAT I have read all the conditions in the Prospectus and the Instructions Page of the Bidding Form. The same terms and conditions would be applicable on the Additional Payment Form.

Signature of Bidder: _____

To be filled in by the Book Runner:					
Time of Receipt	Date	Location	Amount	Pay Order No. / Demand Draft No.	Stamp