**Form 28**

**THE COMPANIES ACT, 2017**

**THE COMPANIES (GENERAL PROVISIONS AND FORMS) REGULATIONS, 2018**

**[Section 167 and Regulation 4]**

**CONSENT TO ACT AS DIRECTOR / CHIEF EXECUTIVE**

**PART-I**

|  |
| --- |
| *(Please complete in typescript or in bold block capitals.)* |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1.1 | CUIN (Registration Number) | **0** | **0** | **0** | **0** | **2** | **6** | **2** |

|  |  |  |
| --- | --- | --- |
| 1.2 | Name of the Company | **PAKISTAN STOCK EXCHANGE LIMITED** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1.3 | Fee Payment Details | 1.3.1 | Challan No |  | 1.3.2 | Amount |  |

**PART-II**

1. I/we, the undersigned, have consented to act as Director(s) / Chief Executive of the above named company pursuant to section 167 of the Companies Act, 2017, and certify that I / We am / are not ineligible to become Director(s) / Chief Executive under section 153 or 177 of the Companies Act, 2017.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name in full | Father’s / husband’s Name | Designation | Address | Occupation | NIC No or passport No. in case of Foreign National | Signature |
|  |  |  |  |  |  |  |

**PART-III**

|  |  |
| --- | --- |
| 3.1 | Declaration:  I do hereby solemnly, and sincerely declare that the information provided in the form is:  (i) true and correct to the best of my knowledge, in consonance with the record as maintained by the Company and nothing has been concealed; and  (ii) hereby reported after complying with and fulfilling all requirements under the relevant provisions of law, rules, regulations, directives, circulars and notifications whichever is applicable. |

|  |  |  |  |
| --- | --- | --- | --- |
| 3.2 | Name of Authorized Officer with designation/ Authorized Intermediary | **DR. FAKHARA RIZWAN** | **COMPANY SECRETARY** |

|  |  |  |
| --- | --- | --- |
| 3.3 | Signatures |  |

|  |  |  |
| --- | --- | --- |
| 3.4 | Registration No of Authorized Intermediary, if applicable |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Day | |  | Month | |  | Year | | | |
| 3.5 | Date |  |  |  |  |  |  |  |  |  |  |