



ADDITIONAL PAYMENT FORM

 SYMMETRY GROUP LIMITED	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: 60%;">Bidding Dates</td> <td>08th August and 9th August, 2023</td> </tr> <tr> <td>Bidding Form No.</td> <td></td> </tr> </table>	Bidding Dates	08th August and 9th August, 2023	Bidding Form No.					
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INITIAL PUBLIC OFFERING OF ORDINARY SHARES OF SYMMETRY GROUP LIMITED THROUGH BOOK BUILDING PROCESS AT A FLOOR PRICE OF PKR 4.25 PER SHARE (INCLUDING A PREMIUM OF PKR 3.25/- PER SHARE)										
PLEASE FILL THE FORM IN BLOCK LETTERS. PLEASE MAKE SURE TO PROVIDE ACCURATE DETAILS TO AVOID ANY INCONVENIENCE										
Name		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">CNIC #</td> <td style="width: 30%;"></td> <td style="width: 30%;">Cell #</td> <td style="width: 30%;"></td> </tr> <tr> <td>NTN</td> <td></td> <td>Land Line #</td> <td></td> </tr> </table>	CNIC #		Cell #		NTN		Land Line #	
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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>"SYMMETRY GROUP LIMITED BOOK BUILDING ACCOUNT"</i>										
Amount in Figures		Instrument #		Instrument Date		Margin %age				
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