




ADDITIONAL PAYMENT FORM

 CABLES FAST CABLES LIMITED NTN #: 3251950	 AKD Securities Limited	Book Runner  AKD Securities Limited	Tick One <input type="checkbox"/> KHI <input type="checkbox"/> LHR <input type="checkbox"/> ISL <input type="checkbox"/> PSH <input type="checkbox"/> GRW <input type="checkbox"/> QUT <input type="checkbox"/> AK <input type="checkbox"/> GB <input type="checkbox"/> ABT <input type="checkbox"/> FSD <input type="checkbox"/> MTN <input type="checkbox"/> SKT <input type="checkbox"/> RYK <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 30%;">Registration Dates</td> <td>May 13th, 2024 to May 16th, 2024.</td> </tr> <tr> <td>Bidding Dates</td> <td>May 15th, 2024 to May 16th, 2024.</td> </tr> <tr> <td>Bidding Form No</td> <td></td> </tr> </table>	Registration Dates	May 13 th , 2024 to May 16 th , 2024.	Bidding Dates	May 15 th , 2024 to May 16 th , 2024.	Bidding Form No	
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INITIAL PUBLIC OFFERING OF ORDINARY SHARES OF FAST CABLES LIMITED THROUGH BOOK BUILDING PROCESS AT A FLOOR PRICE OF PKR 23.50 PER SHARE (INCLUDING A PREMIUM OF PKR 13.50/- 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 "Fast Cables Limited - Book Building"					
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