

ADDITIONAL PAYMENT FORM

 GHANI DAIRIES LIMITED	Eligible Participant	Tick One <input type="checkbox"/> KHI <input type="checkbox"/> LHR <input type="checkbox"/> ISB <input type="checkbox"/> FSB <input type="checkbox"/> MUL <input type="checkbox"/> PSH					
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Registration Dates</td> <td>28th, 29th & 30th January, & 2nd, 3rd February, 2026</td> </tr> <tr> <td>Book Building Dates</td> <td>2nd & 3rd February, 2026</td> </tr> <tr> <td>Bidding form No.</td> <td></td> </tr> </table>	Registration Dates	28 th , 29 th & 30 th January, & 2 nd , 3 rd February, 2026	Book Building Dates	2 nd & 3 rd February, 2026	Bidding form No.
Registration Dates	28 th , 29 th & 30 th January, & 2 nd , 3 rd February, 2026						
Book Building Dates	2 nd & 3 rd February, 2026						
Bidding form No.							

NEW ISSUE OF ORDINARY SHARES OF GHANI DAIRIES LIMITED BY BOOK BUILDING AT A FLOOR PRICE OF PKR 24.00 PER SHARE

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

Name		CNIC / UIN		Cell No		
		CUIN / Incorporation		Land Line		
		NTN		IBAN		
Client ID: (ID generated and e-mailed at the time of Registration)		PLEASE TICK THE APPROPRIATE BOX			Nationality (If other than Pakistani)	
		<input type="checkbox"/> Local Institutional Investor	<input type="checkbox"/> Resident			
		<input type="checkbox"/> Individual Investor	<input type="checkbox"/> Non Resident			
Additional Payment Details						
Amount in Figures		Instrument No.		Instrument Date		
Banker's Name, Address & Branch						

- 1) It may be noted that only a single pay order or evidence of online transfer of money shall be accepted by the Consultant to the Issue 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 Registration Form. The same terms and conditions would be applicable on the Additional Payment Form.

Signature of Bidder: _____

To be filled in by the CTI:

Time of Receipt	Date	Location	Amount	Pay Order No. / Demand Draft No.	Stamp