



REGISTRATION FORM

| | | | | | | | | |
|---|---|--|---------------------------|--------------------------------|----------------------|--------------------------------|-------------------------|--|
|  Citi Pharma Limited Care to Cure |  TOPLINE | <p align="center">Book Runner</p> Tick One <input type="checkbox"/> KHI <input type="checkbox"/> LHR <input type="checkbox"/> ISB <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:20%;">Registration Dates</td> <td>June 10, 2021 to June 16, 2021</td> </tr> <tr> <td>Bidding Dates</td> <td>June 15, 2021 to June 16, 2021</td> </tr> <tr> <td>Bidding Form No.</td> <td></td> </tr> </table> | Registration Dates | June 10, 2021 to June 16, 2021 | Bidding Dates | June 15, 2021 to June 16, 2021 | Bidding Form No. | |
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| Bidding Form No. | | | | | | | | |

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 PROVIDE ACCURATE DETAILS TO AVOID ANY INCONVENIENCE.

ELIGIBLE INVESTORS MUST SUBMIT ONLY ONE PAYORDER ALONG WITH THE REGISTRATION FORM.

| | | |
|----------------|--------------------|--|
| Name | CNIC # | |
| | NTN* | |
| Address | Cell # | |
| | Land Line # | |
| E-mail | Fax # | |

| | | |
|---|---------------------------------------|---|
| PLEASE TICK THE APPROPRIATE BOX | | Nationality (If other than Pakistani) |
| <input type="checkbox"/> Local Institutional Investor | <input type="checkbox"/> Resident | |
| <input type="checkbox"/> Foreign Institutional Investor | <input type="checkbox"/> Non Resident | |
| <input type="checkbox"/> Individual Investor | <input type="checkbox"/> Foreigner | |

***INVESTORS ARE ENCOURAGED TO DISCLOSE THEIR NTN NUMBERS TO FACILITATE THE COMPANY TO CHECK STATUS OF THE SHAREHOLDERS AS TAX RETURN FILER OR NON-FILER FROM THE ACTIVE TAXPAYERS LIST (ATL) AVAILABLE ON THE WEBSITE OF FBR. PLEASE NOTE THAT REDUCED TAX RATE OF 15.0% APPLIES TO FILERS INSTEAD OF 30.0% FOR NON-FILERS ON PAYMENT OF CASH DIVIDEND DECLARED, IF ANY, BY THE COMPANIES.**

| | | | |
|--|--|-----------------------------|--|
| Payment Details: | Payments to be made in favor of "CITI PHARMA LIMITED - BOOK BUILDING" | | |
| Amount in Figures | | Instrument # | |
| Instrument Date | | Margin %age | |
| Banker's Name, Address & Branch | | | |
| CDC Details for Sub A/C & House A/C | | | |
| CDC Participant Name | | CDC Participant ID | |
| Sub A/C No. | | House A/C No. | |
| CDC Details for Investor A/C | | | |
| CDC Investor Service A/C ID | | CDC Investor A/C No. | |

I UNDERTAKE TO SUBSCRIBE TO SHARES UNSUBSCRIBED IN THE RETAIL PORTION WHICH ARE ALLOCATED TO ME ON A PRO-RATA BASIS. I ALSO UNDERTAKE THAT MY BID MONEY SHALL REMAIN DEPOSITED OR BLOCKED TILL ALLOTMENT OF UNSUBSCRIBED SHARES IN THE RETAIL PORTION.

I DECLARE THAT I have read all the terms and conditions stated in the Prospectus and the Instructions Page of the Bidding Form. The same terms and conditions would be applicable on the Registration Form.

Signature of Bidder: _____