

DIVIDEND MANDATE FORM

To:*

I, Mr./Mrs./Ms. _____ S/O, D/O, W/O _____ hereby authorize Sitara Energy Limited to directly credit cash dividend declared by it, if any, in the below mentioned bank account.

(i) Shareholder's Detail	
Name of the Shareholder	
Folio No./CDC Participants ID A/C No.	
CNIC No.**	
Passport No. (in case of foreign Shareholder) ***	
Land Line Phone Number	
Cell Number	

(ii) Shareholder's Bank Detail	
Title of Bank Account	
Bank Account Number	
Bank's Name	
Branch Name and Address	

It is stated that the above-mentioned information is correct and that I will intimate the changes in the above mentioned information to the Company and the concerned Share Registrar as soon as these occur.

Signature of the Shareholder

*The Shareholders having physical shares have to address the Company's Share Registrar on the address given below:

THK Associates (Pvt) Limited
2nd Floor, State Life Building No.3,
Dr. Ziauddin Ahmed Road,
Karachi-75530.

and Shareholders having their accounts with Central Depository Company (CDC) have to Communicate mandate information to relevant Member Stock Exchange.

** Please attach attested photocopy of the CNIC

***Please attach attested photocopy of the Passport