Dated:

The Company Secretary

Askari General Insurance Co. Ltd.

3rd Floor, AWT Plaza, The Mall,

Rawalpindi

Dear Sir,

**DECLARATION OF ULTIMATE BENEFICIAL OWNER(S)**

In compliance with requirements of SECP’s Circular No.16 of 2018 dated August 29, 2018, I/ We, being the corporate shareholder(s) of your Company, provide the desired information as under:

**Detail of Company/ Corporate Entity:**

1. Registered Under (law): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Company/ Corporate Entity Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Country of Incorporation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION: (Please provide information for point “1” or “2” and “3”, whichever is applicable)**

**1. Details of Ultimate Beneficial Owner(s) – Individual(s) \***

I/ We declare the above corporate entity is ultimately owned by the following person(s):

1. Full Name: ii. Father’s / Husband’s Name:

iii. CNIC / Passport Number: iv. Date of Birth:

1. Nationality: vi. Residential Address:
2. Email Address: viii. Contact Number:
3. Date of becoming member of corporate body: x. % of shares in the Corporate Entity:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Status/ Position in the Corporate Entity:

***\* Please copy & replicate the above table for multiple Ultimate Beneficial Ownerships***

**2. Details of Beneficial Owners – Corporate Entities**

I/ We declare the Company is ultimately owned by the following entity:

1. Name of the Entity: ii. Registered Under (law):
2. Registration Number: iv. Date of Incorporation:
3. Country of Incorporation: vi. Address of Registered Office:
4. % of shares in the corporate entity:

**3. Where no natural person(s) is/ are identified in a corporate entity:**

1. Name of the Person holding senior position ii. Status/ Position of such Person in the Entity

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. CNIC / Passport Number of the Person: iv. Residential Address of the Person:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Email Address of the Person: vi. Contact Number of the Person:

I/We hereby declare that information provided above is true and accurate. In case of any change(s), I/We will promptly notify the Company in writing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Designation & Signature Name, Designation & Signature Date

***(To be signed by all beneficial owners OR 2 directors OR 1 director & company secretary)***