Ref No.: \_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_

The Company Secretary

Fauji Foods Limited (FFL)

42-CCA, Ex Park View,

DHA Phase – 8,

Lahore

Dear Sir,

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

In compliance with the requirements of SECP’s Circular No.16 of 2018 dated August 29, 2018, I/ We, being the corporate shareholder(s) of FFL, hereby 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 the corporate body: x. % of shares in the corporate Entity:
4. Status/ Position in the 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: the Entity:

1. CNIC / Passport Number of the Person: iv. Residential Address of the Person:
2. Email Address of the Person: vi. Contact Number of the Person:

I/We hereby declare that the information provided in this form is true and accurate and if such information changes, I/We will promptly notify FFL in writing.

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

Name Designation Signatures Date

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