



CENTURY INSURANCE COMPANY LIMITED

Registered Office & Corporate Department

LAKSON SQUARE, BUILDING NO. 2, SARWAR SHAHEED ROAD, KARACHI-74200, PAKISTAN.

RIGHT ISSUE #

R-3

Bill Payment Id

RIGHT SUBSCRIPTION REQUEST

Issue of 44,814,452/- ordinary shares of Rs. 10/- each to be issued at Par Value of Rs. 10/- per share payable in full on acceptance on or before [5th November, 2026].

NAME, FATHER's / HUSBAND's NAME & CNIC NO. OF SHAREHOLDER			ADDRESS OF SHAREHOLDER	
CDC Participant / CDC Investor Accounts Services ID.	Sub-A/c. / House A/c. No. / CDC Investor A/c. No.	Right Subscription Request No.	Right securities to be subscribed – Number	Right securities to be subscribed – Amount (Rupees)
Participant Name				

The Directors,
Century Insurance Company Limited,
Lakson Square, Building No. 2,
Sarwar Shaheed Road, Karachi-74200.

Dear Sir(s),

Having paid to your Bankers, the amount payable as indicated above it is requested that the said securities may please be credited to above mentioned CDS Account. It is agreed that these securities will be held as per terms of the Right Issue and the Memorandum and Articles of Association of the Company.

****Signature of depositor**

NOTE:

*In case of nationality other than Pakistan, please specify the nationality _____. **Signature of CDS Account Holder or a person who is signing on behalf of CDS Account Holder.

INSTRUCTION:

1. BANKER(S) TO THE RIGHT ISSUE:

Banks	IBAN#	Branches
Habib Bank Limited	PK75 HABB 0000 4279 9272 9203	All branches

2. PAYMENT:

- Payment as indicated above should be made by cash or crossed cheque or demand draft or pay order made out to the credit of "CICLRIGHTSUBACC" through any of the authorized branches of above-mentioned bank(s) on or before [5th November 2026] along with this Right Subscription Request duly filled in and signed by the depositor. In case of Non-Resident Pakistani / Foreign shareholder, the demand draft of equivalent amount in Pak Rupees should be sent to the Company Secretary, Century Insurance Company Limited at the registered office of the Company along with Right Subscription Request (both copies) duly filled and signed by the depositor, with certified copy of NICOP / Passport, well before the last date of payment.
- All cheques and drafts must be drawn on a bank situated in the same city where Right Subscription Request is deposited. Cheque is subject to realization.
- The Bank will not accept Right Subscription Request delivered by post which may reach after the closure of business on [5th November 2026], unless evidence is available that these have been posted before the last date of payment.
- Payment can also be made through available banking channels of local member banks (such as internet banking, Automated Teller Machines (ATM) and mobile banking).



Phone : 92-21-3840 0000 Fax : 92-21-3568 3410 & 3568 4336



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3. ACCEPTANCE OF PAYMENT THROUGH RIGHT SUBSCRIPTION REQUEST:

- Payment of the amount indicated above to the Company's Banker(s) to the issue on or before [5th November 2026] shall be treated as acceptance of the Right offer.
- Two copies of Right Subscription Requests should be handed over to the Company's Banker(s) to the issue intact. Client's copy of Right Subscription Request will be returned to the depositor whilst Issuer's copy will be retained by the Banker for onward transmission to the Company. The Client's copy must be preserved and retained safely by the CDS Account Holder.

4. CREDIT OF RIGHT SECURITIES INTO CDS ACCOUNTS:

- After payment has been received by the Company's banker(s), the Right Securities will be credited into respective CDS Accounts within 10 business days from the last payment date, through which Right Subscription Request was initiated. Paid Right Subscription Request will not be traded or transferred.

Bankers to the Issue confirmation to the Company on receipt of Subscription Amount

We confirm having received the subscription amount of Rs. _____ for _____ share(s)/ certificates from the CDS A/c Holder(s)/ Sub A/c holder(s)/ IAS A/c holder(s).

Bank: _____ Branch: _____ Date: _____ Authorized Signature & Stamp of Receiving Bank

<ISSUER'S COPY>

**Signature of depositor





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