




ADDITIONAL PAYMENT FORM

 BF Biosciences Limited NTN no: 2643661	Book Runner  	Tick One <input type="checkbox"/> KHI <input type="checkbox"/> LHR <input type="checkbox"/> ISB <input type="checkbox"/> PSH <input type="checkbox"/> GRW <input type="checkbox"/> <input type="checkbox"/> QUT <input type="checkbox"/> AZK <input type="checkbox"/> BLT/GLT <input type="checkbox"/> AAW <input type="checkbox"/> <input type="checkbox"/> FSD <input type="checkbox"/> MTN <input type="checkbox"/> SKT <input type="checkbox"/> RYK <input type="checkbox"/>				
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Bidding Dates</td> <td>25th to 26th September, 2024</td> </tr> <tr> <td>Bidding Form No.</td> <td></td> </tr> </table>	Bidding Dates	25 th to 26 th September, 2024	Bidding Form No.	
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INITIAL PUBLIC OFFERING OF ORDINARY SHARES OF BF BIOSCIENCES LIMITED THROUGH BOOK BUILDING PROCESS AT A FLOOR PRICE OF PKR 55.00/- PER SHARE (INCLUDING A PREMIUM OF PKR 52.00/- PER SHARE)

PLEASE FILL THE FORM IN BLOCK LETTERS. PLEASE MAKE SURE TO PROVIDE ACCURATE DETAILS TO AVOID ANY INCONVENIENCE

Name		CNIC #		Cell #	
		NTN		Land Line #	
Client ID: (ID generated and e-mailed at the time of bid placement)		Resident	<input type="checkbox"/>	Nationality (If other than Pakistani)	
		Non Resident	<input type="checkbox"/>		
		Foreigner	<input type="checkbox"/>		
Additional Payment Details					
Payments to be made in favor of "BF BIOSCIENCES LTD - BOOK BUILDING"					
Amount in Figures		Instrument #		Instrument Date	Margin %age
Banker's Name, Address & Branch					

1. It may be noted that only a single pay order, demand draft or evidence of online transfer of money shall be accepted by the Book Runner along with each Additional Payment Form;
2. I DECLARE THAT I have read all the conditions in the Prospectus and the Instructions Page of the Bidding Form. The same terms and conditions would be applicable on the Additional Payment Form.

Signature of Bidder: _____

To be filled in by the Book Runner:					
Time of Receipt	Date	Location	Amount	Pay Order No. / Demand Draft No.	Stamp