I /We				
of				
being a member of Nis	shat Mills Limi	ted, hereby appoint		
of				
or failing him/her				
of				
•		day of		Please affix
Signed by the said member in presence of				revenue stamp
in presence of				Rs. 50
				Signature(s) of Member(s)
Signature of witness			· ·	
	Address			
			CNIC #	
Address				
Address				
Address				
Address		CDC A/C. No.		
Address CNIC # Please quote:		CDC A/C. No.		

