



Annual Report Request Form **FY 2025**

SPEL LIMITED

Name: _____

Address: _____

Street Name & Number

City

Prov or State

Country

Postal or Zip Code

Email Address # _____

Folio # _____

Cell # _____

*Signature: _____

Date: _____

PLEASE RETURN YOUR COMPLETED REQUEST FORM TO:

Company Name SPEL Limited

Company Address 127-S, Q.I.E. Township Kot Lakhpat Lahore

CONTACT: +92-42-35115506-07

EMAIL ADDRESS: corporate@spelgroup.com

WEBSITE: www.spelgroup.com