

# INVEST CAPITAL MARKETS LIMITED

## CUSTOMER DUE DILIGENCE/ KNOW YOUR CUSTOMER (CDD/ KYC) POLICY

CORPORATE MEMBER: KARACHI STOCK EXCHANGE LIMITED  
KSE CODE NO: 097  
SCEP BROKER REGISTRATION NO: BRK-228

REGISTERED OFFICE & HEAD OFFICE  
C3C, 12<sup>TH</sup> LANE, ITTEHAD COMMERCIAL  
KHAYABAN-E - ITTEHAD, PHASE II EXT.  
DHA, KARACHI - PAKISTAN.

## 1. Introduction

- 1.1 Invest Capital Markets Limited (ICML) has formulated a Customer Due Diligence/ Know Your Customer policy, referred here as “CDD/ KYC policy”, based on the criteria/ guidelines specified in the Karachi Stock Exchange Ltd.(KSE) KYC & CDD Guidelines for Members – Brokers & Their Agents – Employees dated March 16, 2012.
- 1.2 The CDD/ KYC policy has been approved by the Board of ICML in the meeting held on June 5, 2013. In the said meeting, the Board has authorized the CEO to approve any subsequent amendments or modifications associated with this policy.
- 1.3 This policy defines different types of customers, their minimum required information & documents along with the characteristics of High Risk Customers, who pose greater than average risk of money laundering activities. It further explains how to ensure the identity of the clients, who initiates relationship with ICML and how to maintain and update the CDD/ KYC measures for existing customers.
- 1.4 For better services to our customers, ICML has also developed and put in place a “KYC Form” which classifies the categories of CDD/ KYC for both Individual and Institutional clients. ICML Sales Team/ sales agent are required to ensure that the customer’s information (including Joint Account holders) shall be submitted to the Operations Department by duly submitting a KYC Form.
- 1.5 The KYC Form is attached as Appendix I and shall be considered as integral part of CDD/ KYC policy.

## 2. Scope

- 2.1 The scope of CDD/ KYC policy is to establish reasonable measures to know about the customers of ICML, whether individual or institutional, in accordance with the stated guidelines by the SECP/KSEL.
- 2.2 The scope of the policy is concerned with the staff of ICML and to those whose services are in place under the agreements such as free lancers. For this purpose, training with respect to CDD/ KYC to the concerned staff of ICML and free lancers shall be carried out on regular basis.
- 2.3 The KYC policy has been developed keeping in view the requirements of CDD/ KYC for the clients of brokerage houses.
- 2.4 Key areas that the KYC/CDD policy should cover include:
  - a. Customer Identification
  - b. Risk assessment of customer
  - c. Circumstances where enhanced Due Diligence is required
  - d. On - going due Diligence
  - e. Circumstances where simplified Due Diligence can be adopted
  - f. Compliance function
  - g. Data retention
  - h. Training and employee screening

## 3. Customer Identification

- 3.1 Sales team / employees shall ensure that no anonymous account or accounts that are obviously in the name of fictitious persons are opened or maintained. Sales team / concerned dept. must take all reasonable steps to confirm the true identity of the prospective client and to collect all relevant information to ascertain the identity of the real controlling party of the trading account. For this purpose, minimum set of documents as prescribed by KSEL/SECP from time to time must be obtained. Sales team/concerned dept. may obtain any additional documents, where considered necessary.
- 3.2 The Sales team/ concerned department shall determine whether a customer is acting on behalf of another person. In such cases steps should be taken and all the relevant documents should be obtained to determine the true identity of that person.
- 3.3 For legal persons, Sales team / employees must take reasonable measures to understand the beneficial ownership and control structure of the customer. For this purpose, Sales team/concerned departments employees shall seek to identify the natural persons with controlling interest and who constitute the mind and management of the legal person or arrangement.
- 3.4 For legal persons, Sales team/concerned departments shall verify that person purporting to act on behalf of the customer is so authorized. Sales team/concerned dept. must ensure that accounts of Institutions/ body corporate are not opened in the individual name of any employee/ official. Government accounts should not be opened in the personal names of Government officials. Any such account, which is to be operated by an officer of is to be operated by an officer of the Federal/Provincial/Local Government in his/her official capacity, shall be opened only on production of a special resolution/ authority from the concerned administrative department duly endorsed by the Ministry of Finance or Finance Department of the concerned Provincial or Local Government.
- 3.5 Sales team/employees must obtain sufficient information to determine the expected source of funding for the account, particularly whether the client shall be receiving / remitting funds in foreign currency.
- 3.6 In addition to the requirements mentioned above, Sales team / Operation Dept. & employees must ensure that all receipts and payments to the customers above the prescribed threshold must be through cross cheques, bank drafts, pay orders or other crossed banking instruments. For exceptional circumstances where it becomes necessary for a Concerned Dept. / Settlement Dept. & Operation Dept. to accept cash from a customer, reporting of such instances with rationale should be made immediately to the CEO/ Management and CEO/Management shall report the same to the Exchange.
- 3.7 The sales team /operation dept. shall ensure physical presence of the customer at the time of opening of account. In case of off-shore client or clients in cities where ICML does not have a branch, Sales team/concerned departments must apply appropriate procedures, such as verification by a reliable third party, confirmation from previous broker of the clients etc. When obtaining confirmation from the third parties in different jurisdictions the sales team/concerned department must consider whether that jurisdiction is following the FATF recommendations.

## 4. Risk Assessment

- 4.1 The sales team/concerned department must perform a risk assessment of all the existing and prospective customers on the basis of information obtained regarding their identity, nature of income,

source of funding, location etc and based on the results of such assessment, categorize their customers among high risk, medium risk and low risk customers. Sales team/concerned dept. should develop clear guidelines for identification of High Risk customers which include:

- a. Non-resident customers;
- b. Legal persons or arrangements including non-governmental organizations; (NGOs)/ not-for-profit organizations (NPOs) and trusts/charities;
- c. Customers belonging to countries where CDD / KYC and anti-money laundering regulations are lax or if funds originate or go to those countries;
- d. Customers whose business or activities present a higher risk of money laundering such as cash based businesses;
- e. Customers with links to offshore tax havens;
- f. High net worth customers with no clearly identifiable source of income;
- g. There is reason to believe that the customer has been refused brokerage services by another brokerage house;
- h. Non-face-to-face / on-line customers;
- i. Establishing business relationship or transactions with counterparts from or in countries not sufficiently applying FATF recommendations; and
- j. Politically Exposed Persons (PEPs) or customers holding public or high profile positions.

4.2 Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions for example senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials. Business relationships with family members or close associates of PEPs involve reputation risks similar to those with PEPs themselves. The definition is not intended to cover middle ranking or more junior individuals in the foregoing categories.

4.3 Sales team / concerned dept. should conduct a self assessment for money laundering and terrorist financing risk, identifying and documenting the key risks presented to it by virtue of its business model, types of customers and geographical placement.

## 5. Enhanced Due Diligence

5.1 Sales team/concerned dept. should apply Enhanced Due Diligence (EDD) when dealing with high-risk customers/account holders. Appropriate policies and procedures must be developed and put in place to ensure that activities and transactions of High-risk customers are adequately monitored and any unusual transactions are reported to CEO/ Management. While dealing with the high-risk customers including the PEPs, the sales team/operation dept. should:

- a. Obtain Senior Management approval for establishing business relationships with such customers/account holders. The same shall also apply in case of an existing customer/ account holders which is classified as High-risk pursuant to these guidelines or which is subsequently classified as a result of ongoing due diligence;
- b. Take reasonable measures to establish the source of wealth and source of funds. If the sales team/concerned departments is unable to comply with the above requirements, it should not open the account, or should terminate the business relationship, as the case may be and should submit a Suspicious Transaction Report to CEO.

5.2 When a sales team/operation dept. is not able to identify and verify the identity of the customer and the beneficial owner or is not able to obtain adequate information regarding the purpose and intended nature of the customer relationship, it should not open the account, commence customer relationship or in the case of an existing customer should terminate the relationship and consider the filing of a Suspicious Transaction Report to CEO.

## 6. On - going Due Diligence

6.1 CDD is not a one-time exercise. Sales team/operation dept. should ensure that on-going Due Diligence on the customers/account holders relationship and scrutiny of transactions is undertaken to ensure that the transactions executed in a particular account are consistent with the sales team knowledge of the customer, its business and risk profile, historical pattern of transactions and the pattern and source of funding of the account.

6.2 Sales team/operation dept. shall ensure that the customer records are updated at regular intervals and sufficient information is obtained regarding any significant change in the customer profile.

## 7. Simplified Due Diligence

7.1 Sales team / operation dept. shall apply simplified or reduced CDD measures in the following circumstances:

- a. Risk of money laundering or terrorist financing is lower
- b. Information on the identity of the customer and the beneficial owner of a customer is publicly available.
- c. adequate checks and controls exist

7.2 Accordingly, following customers/account holders may be considered for simplified or reduced CDD:

- a. Financial institutions which are subject to requirements to combat money laundering and terrorist financing consistent with the FATF.
- b. Recommendations and are supervised for compliance with those controls.
- c. Public companies that are subject to regulatory disclosure requirements.
- d. Government administrations or enterprises

7.3 When opting for simplified or reduced the FATF guidelines in this regard must be consulted. Simplified CDD should not be followed when there is an identified risk of money laundering or terrorist financing.

## 8. Compliance function

8.1 Operation dept. or Internal Audit department should set up a compliance function with suitable human resource and MIS reporting capabilities, enabling it to effectively monitor the clients' transactions and make timely reports.

8.2 The Compliance function shall ensure compliance with the requirements of these guidelines as well as other regulatory requirements applicable on the ICML under the relevant legal framework. A record should be maintained of all violation / non-compliance identified and reported to the CEO.

## 9. Record/Data Retention / Updation

- 9.1 Operation dept / concerned dept. shall maintain the relevant documents obtained through the application of KYC/CDD procedures, especially those pertaining to identification of the identity of a customer, account files and correspondence exchanged for a minimum period of five years.
- 9.2 Maintain proper records of accountholders identifications & clearly indicate in writing any exception in fulfilling CDD/KYC measures. These exceptions will be referred to the CEO to decide future course of action.
- 9.3 Operation department will provide the list of discrepant/incomplete documents to concerned settlement/customer support within 30 days after every calendar year and concerned settlement dept. shall provide discrepant/incomplete information to operation dept. for record maintenance and updation concerned department.

## 10. Training

- 10.1 The Concerned department / Management should develop an on-going employees training program to ensure that the employees understand their duties and are able to perform the same on a satisfactory level.

## 11. Screening

- 11.1 The Concerned department / Management should perform an appropriate screening of before hiring a staff/employee and also on an ongoing basis to ensure high standards of staff in terms of honesty, integrity, ethics and professionalism.

KNOW YOUR CLIENT(KYC) FORM  
OR  
CUSTOMER DUE DILIGENCE(CDD) FORM  
PERSONAL INFORMATION  
Individuals/Sole proprietorship  
Please complete this form in BLOCK  
letters

APPENDIX I

A <u>Account Holder</u>		<u>Joint Account Holder</u>	
Full Name( Mr./ Mrs./ Ms)		Full Name( Mr./ Mrs./ Ms)	
Father's/Husband's name		Father's/Husband's name	
CNIC no.( passport no. in case of non-resident)		CNIC no.( passport no. in case of non-resident)	
Date of birth		Date of birth	
Marital status		Marital status	
Nationality		Nationality	
Passport details (For a foreigner or a Pakistani origin)	Place of issue: Date of issue : Date of expiry:	Passport details (For a foreigner or a Pakistani origin)	Place of issue: Date of issue : Date of expiry:
B <u>Address of Account Holder</u>		<u>Address of Joint Account Holder</u>	
Mailing address current		Mailing address current	
Address permanent		Address permanent	
Tel.(resident)		Tel.(resident)	
Tel.(Office)		Tel.(Office)	
Email (if any)		Email (if any)	
Fax cell no.		Fax cell no.	
C <u>Other details</u>		<u>Other details</u>	
Occupation		Occupation	
Source of funds/income		Source of funds/income	
Monthly income (approx.)		Monthly income (approx.)	
Business/employment proof		Business/employment proof	
Client's risk profile	High / Moderate / Low	Client's risk profile	High / Moderate / Low
NTN(Optional)		NTN(Optional)	

Declaration

I/we hereby declare that the above information is true and correct to the best of my/our knowledge and I/we shall immediately update ICML if there is any change in such information. I/we authorize that ICML may verify any or all information provided in /with this KYC form.

\_\_\_\_\_  
Signature of A/c.holder

\_\_\_\_\_  
Signature of Joint A/c.holder

**FOR OFFICE USE ONLY**

(originals verified) True copies of documents received

(Self- attested) Self certified document copies received

\_\_\_\_\_  
For and on behalf of  
Invest Capital Markets Ltd.



KNOW YOUR CLIENT(KYC) FORM  
OR  
CUSTOMER DUE DILIGENCE(CDD)FORM  
PERSONAL INFORMATION

Partnership

Please complete this form in BLOCK  
letters

<u>Firm/partners details</u>		<u>Firm/partners details</u>	
Name of partnership			
Nature of business			
Name of partners with father's name			
CNIC/Passport no. or copies of all the partners			
Nationality			
Partnership Registered/unregistered			

<u>Address of Firm/Partner</u>		<u>Address of Firm/Partner</u>	
Mailing address of partners		Mailing address of partners	
Mailing address of Firm		Mailing address of Firm	
Tel.(resident)		Tel.(resident)	
Tel.(Office)		Tel.(Office)	
Email (if any)		Email (if any)	
Fax cell no.		Fax cell no.	

<u>Other details</u>		<u>Other details</u>	
Monthly income (approx.)		Monthly income (approx.)	
Business/employment proof		Business/employment proof	
Client's risk profile	High / Moderate / Low	Client's risk profile	High / Moderate / Low
NTN(Optional)		NTN(Optional)	

Declaration

I/we hereby declare that the above information is true and correct to the best of my/our knowledge and I / we shall immediately update ICML if there is any change in such information. I/we authorize that ICML may verify any or all information provided in /with this KYC form.

\_\_\_\_\_  
Signature of Partner

\_\_\_\_\_  
Signature of Partner

**FOR OFFICE USE ONLY**

(originals verified) True copies of documents received

(Self- attested) Self certified document copies received

\_\_\_\_\_  
For and on behalf of  
Invest Capital Markets Ltd.

KNOW YOUR CLIENT(KYC) FORM  
OR  
CUSTOMER DUE DILIGENCE(CDD) FORM  
PERSONAL INFORMATION  
Companies(Institution & Corporate)  
Please complete this form in BLOCK  
letters

<u>Company/Director details</u>		<u>Company/Director details</u>	
Name of company		Name of company	
Nature of business		Nature of business	
Name of Director's with father's name		Name of Director's with father's name	
CNIC/Passport no. or copies of all the partners		CNIC/Passport no. or copies of all the partners	
Nationality of all director		Nationality of all director	
Company Public Limited/Private Limited		Company Public Limited/Private Limited	
Date of incorporation		Date of incorporation	
Place of incorporation		Place of incorporation	
Date of commencement of Business		Date of commencement of business	
Company registration no.		Company registration no.	
<u>Address of Company/Directors</u>		<u>Address of Company/Directors</u>	
Mailing address of Directors		Mailing address of Directors	
Mailing address of Company		Mailing address of Company	
Tel.(resident)		Tel.(resident)	
Tel.(Office)		Tel.(Office)	
Email (if any)		Email (if any)	
Fax cell no.		Fax cell no.	
<u>Other details</u>		<u>Other details</u>	
Monthly income (approx.)		Monthly income (approx.)	
Business/employment proof		Business/employment proof	
Client's risk profile	High / Moderate / Low	Client's risk profile	High / Moderate / Low
NTN(Optional)		NTN(Optional)	

Declaration

I/we hereby declare that the above information is true and correct to the best of my/our knowledge and I / we shall immediately update ICML if there is any change in such information. I/we authorize that ICML may verify any or all information provided in /with this KYC form.

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Signature of Director

**FOR OFFICE USE ONLY**

(originals verified) True copies of documents received

(Self- attested) Self certified document copies received

\_\_\_\_\_  
For and on behalf of  
Invest Capital Markets  
Ltd.

Checklist for Commodities Trading Account

Dated \_\_\_\_\_

Requirements for opening a Commodities Trading Account - For Individuals / Joint

Document attached

Remarks

<u>s.no</u>	<u>Documents</u>	<u>Yes / No</u>
I	Attested copy of computerized national Identity card of the applicant and joint holders	
li	Attested copies of passports of the applicant, or nominee's) in case of non residents	
lii	Attested copy of computerized national Identity card of the nominee's) if applicable	
iv	Letter of authorization from the account holders of the person authorized to trade in the account (if other then the account holder) To be made on a stamp paper of Rs. 100/=(Rupees One Hundred only)	
V	Copies of CNIC of the witnesses Copy of Income Tax Return(Optional)/ NTN	
Vi	certificate,(if available) Zakat Exemption Certificate(If	
Vii	applicable)	

Basic information filled

Remarks

Remarks

Account Holder

Joint Account Holder

<u>s.no</u>	<u>Yes / No</u>	<u>s.no</u>	<u>Yes / No</u>	
I		i		
li		Client name		
lii		ii		Contact nos.(Land line/mobile)
iv		iii		Signatures(As mention in form)
V		iv		E-mails address
Vi		v		Occupation/Proof of employment/business
Vii		vi		Permanent/current residence address
Viii		vii		Trading account number/UIN (Allotting)
ix		viii		Trader name
X		ix		Instructions for trading(Verbal/written)
	x	Confirmation of trade deliver(By mail/courier)		
		x	By E-mail Or Direct access to PMEX portal	

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Customer Services

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Operation  
Dept.

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Head Of Commodities

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Internal Auditor

Checklist for Commodities Trading Account

Dated \_\_\_\_\_

Requirements for opening a Commodities Trading Account - For Partnership/Companies

Document attached For Partnership

Remarks

<u>s.no</u>	<u>Documents</u>	<u>Yes / No</u>
I	Attested copies of Partnership Deed or attested photocopy of the Registration Certificate of the firm (in case of registered partnership firm.)If the firm is unregistered, this fact is to be mentioned clearly in the Account Opening Form.	
ii	Attested copy of computerized national Identity card / Passport of all Partners(in case of Foreign Nationals)	
iii	Attested copy of computerized national Identity card of Authorized signatories	
iv	List of Authorized signatories along with power of attorney	
v	Resolution authorizing investments	
vi	Copy of latest Financial Accounts of the firm(partnership)	
vii	Copies of CNIC of the witnesses	
viii	Copy of Income Tax Return(Optional)	
ix	National Tax number / Sales Tax Registration number.	

Document attached For Companies(Institutional and Corporate)

Remarks

<u>s.no</u>	<u>Documents</u>	<u>Yes / No</u>
I	Attested copies of Memorandum and Articles of Association/Bye Laws/Trust Deed	
ii	Certificate of Incorporation.	
iii	Certificate of commencement of Business(In case of Public Limited Company)	
iv	Attested copy of computerized national Identity card / Passport of all Directors for Foreign nationals	
v	Attested copy of computerized national Identity card of Authorized signatories	
vi	List of Authorized signatories along with power of attorney	
vii	Certified true copy of Board Resolution for opening the account.	
viii	Audited Accounts of the Company (Last 3 year)	
ix	Copies of CNIC of the witnesses	
x	Documentary evidence of Tax Exemption(if applicable)	
xi	National Tax number / Sales Tax Registration number with Certificate.	
xii	List of Directors(Form 29 latest)	

Basic information filled

Remarks

Remarks

Partnership

Companies (Institution and corporate)

<u>s.no</u>		<u>Yes / No</u>	<u>s.no</u>		<u>Yes / No</u>
I	Partnership name		i	Company name	
ii	Registered Address		ii	Registered Address	
iii	Institutional status		iii	Institutional status	
iv	Partnership Registration no.		iv	Company Registration no.	
v	Contact nos.(Land line/mobile)		v	Contact nos.(Land line/mobile)	
vi	Signatures(As mention in form)		vi	Signatures(As mention in form)	
Vii	Partnership Registered with National Tax No./ Sales Tax Registration		vii	Company registration registered with National Tax No./ Sales Tax Registration	
Viii	No.		viii	No.	
ix	Resolution Date		ix	Board Resolution Date	
		X	Date of Commencement of Business		

\_\_\_\_\_  
Customer Services

\_\_\_\_\_  
Operation Dept.

\_\_\_\_\_  
Head Of Commodities

\_\_\_\_\_  
Internal Auditor



Checklist for Commodities/Equities Trading Account

Dated \_\_\_\_\_

Requirements for opening a Commodities Trading Account -  
For Trusts/Clubs Societies And Associations/ Executors/Administrators  
& Govt.Entities

Document attached For Trusts

Remarks

<u>s.no</u>	<u>Documents</u>	<u>Yes / No</u>
I	Certified copy of the Trust Deed	
ii	Attested copy of computerized national Identity card of all Trustees	
iii	Latest financials of the Trust.	
iv	Documentary evidence of Tax Exemption(if applicable)	
V	Trustee/Governing Body Resolution	
Vi	List of Authorized Signatories along with copy of CNICs & power of attorney	

Document attached For Clubs societies And Associations

Remarks

<u>s.no</u>	<u>Documents</u>	<u>Yes / No</u>
I	Attested copy of Bye Laws/rules and regulations	
ii	Certified copy of certificate of Registration	
iii	Lists of members	
iv	Attested copy of CNIC/Passport(in case of Foreign Nationals)of members of Governing Board	
V	Copy of latest financials of Society/Association	
Vi	Board/Governing Body Resolution	
Vii	List of Authorized Signatories along with copy of CNICs & power of attorney	

Document attached For Executors/Administrators

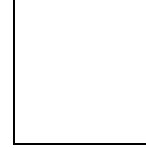
Remarks

<u>s.no</u>	<u>Documents</u>	<u>Yes / No</u>
I	Attested copy of CNICs of all Executors/Administrators	
ii	Certified copy of the Letter of Administration	

Document attached For Government Entities

<u>s.no</u>	<u>Documents</u>	<u>Yes / No</u>
I	Special Resolution /Authority from the concerned administrative Dept. duly endorsed by the ministry of Finance Or Finance Dept. of the concerned Govt.(Federal/Provincial/Local)	

- ii List of authorized signatories for the opening and operating of this account by an officer of Federal/Provincial/Local Govt. in his/her official capacity.
- iii Copy of CNIC of authorized officers.
- iv Resolution authorizing investment.



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Customer Services

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Operation  
Dept.

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Head Of Commodities

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Internal Auditor

Checklist for Equities Trading Account

Dated \_\_\_\_\_

Requirements for opening an Equities Trading Account - For Individuals / Joint

<u>Document attached</u>		<u>Remarks</u>
<u>s.no</u>	<u>Documents</u>	<u>Yes / No</u>
I	Attested copy of computerized national Identity card of the applicant and joint holders	
li	Attested copy of computerized national Identity card of the nominee's) if applicable	
lii	Attested copies of passports of the applicant, or nominee's) in case of non residents	
lv	Letter of authorization from the account holders of the person authorized to trade in the account (if other then the account holder) To be made on a stamp paper of Rs. 100/=	
V	Copies of CNIC of the witnesses	
Vi	Copy of Income Tax Return(Optional)/ NTN certificate,(if available)	
Vii	Zakat Exemption Certificate(if applicable)	

<u>Basic information filled</u>		<u>Remarks</u>	<u>Remarks</u>	
<u>Account Holder</u>			<u>Joint Account Holder</u>	
<u>s.no</u>		<u>Yes / No</u>	<u>s.no</u>	<u>Yes / No</u>
I	Client name(Mr.Mrs.Ms.)			Client name(Mr.Mrs.Ms.)
li	Father's/Husband's name			Father's/Husband's name
lii	CNIC no.			CNIC no.
lv	Date of birth			Date of birth
V	Occupation/Proof of employment/business			Occupation/Proof of employment/business
Vi	Nationality			Nationality
Vii	Permanent/current residence address			Permanent/current residence address
Viii	Contact nos.(Land line/mobile)			Contact nos.(Land line/mobile)
ix	Signatures(As mention in form)			Signatures(As mention in form)
X	E-mails address			E-mails address
xi	Trading account number/UIN (Allotting)			Trading account number/UIN (Allotting)
xii	Trader name			Trader name
xiii	Instructions for trading(Verbal/written)			Instructions for trading(Verbal/written)
xiiii	Confirmation of trade deliver(By mail/courier or by E-mail)			Confirmation of trade deliver(By mail/courier or by E-mail)

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Customer Services

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Operation  
Dept.

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Head Of Commodities

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Internal Auditor

Checklist for Equities Trading Account

Dated \_\_\_\_\_

Requirements for opening an Equities Trading Account - For Partnership/Companies

Document attached For Partnership

Remarks

<u>s.no</u>	<u>Documents</u>	<u>Yes / No</u>
i	Attested copies of Partnership Deed or attested photocopy of the Registration Certificate of the firm (in case of registered partnership firm.)If the firm is unregistered, this fact is to be mentioned clearly in the Account Opening Form.	
ii	Attested copy of computerized national Identity card / Passport of all Partners(in case of Foreign Nationals)	
iii	Attested copy of computerized national Identity card of Authorized signatories	
iv	List of Authorized signatories along with power of attorney	
v	Resolution authorizing investments	
vi	Copy of latest Financial Accounts of the firm(partnership)	
vii	Copies of CNIC of the witnesses	
viii	Copy of Income Tax Return(Optional)	
ix	National Tax number / Sales Tax Registration number.	

Document attached For Companies(Institutional and Corporate)

Remarks

<u>s.no</u>	<u>Documents</u>	<u>Yes / No</u>
i	Attested copies of Memorandum and Articles of Association/Bye Laws/Trust Deed	
ii	Certificate of Incorporation.	
iii	Certificate of commencement of Business(In case of Public Limited Company)	
iv	Attested copy of computerized national Identity card / Passport of all Directors for Foreign nationals	
v	Attested copy of computerized national Identity card of Authorized signatories	
vi	List of Authorized signatories along with power of attorney	
vii	Certified true copy of Board Resolution for opening the account.	
viii	Audited Accounts of the Company (Last 3 year)	
ix	Copies of CNIC of the witnesses	
x	Documentary evidence of Tax Exemption(if applicable)	
xi	National Tax number / Sales Tax Registration number with Certificate.	
xii	List of Directors(Form 29 latest)	

Basic information filled

Remarks

Remarks

<u>Partnership</u>		<u>Yes / No</u>	<u>Companies (Institution and corporate)</u>		<u>Yes / No</u>
<u>s.no</u>			<u>s.no</u>		
i	Partnership/Firm name	<div style="border: 1px solid black; width: 80px; height: 180px;"></div>	i	Company name	<div style="border: 1px solid black; width: 80px; height: 180px;"></div>
ii	Registered Address		ii	Registered Address	
iii	Institutional status		iii	Institutional status	
iv	Partnership Registration no.		iv	Company Registration no.	
v	Contact nos.(Land line/mobile)		v	Contact nos.(Land line/mobile)	
vi	Signatures(As mention in form)		vi	Signatures(As mention in form)	
vii	Partnership Registered with National Tax No./ Sales Tax Registration No.		vii	Company registration registered with National Tax No./ Sales Tax Registration No.	
viii	Resolution Date		viii	Board Resolution Date	
ix			X	Date of Commencement of Business	

Customer Services

Operation Dept.

Head Of Commodities

Internal Auditor

For Trusts/Clubs Societies And Associations/ Executors/Administrators & Govt.Entities

<u>Basic information filled</u>		<u>Remarks</u>	<u>Remarks</u>		
<b><u>A</u></b> <b><u>Registration Details</u></b>					
<b><u>Applicant 1</u></b>			<b><u>Applicant 2</u></b>		
<b>s.no</b>		<b>Yes/ No</b>	<b>s.no</b>	<b>Yes/No</b>	
i	Full name of Applicant		i	Full name of Applicant	
ii	Mailing Address		ii	Mailing Address	
iii	Residential status(Please tick) Pakistani/Foreign		iii	Residential status(Please tick) Pakistani/Foreign	
iv	Share holder category Trusts/Clubs, Societies & Association/ Govt. Entities/Executors/ Admintrators & Other Please specify)		iv	Share holder category Trusts/Clubs, Societies & Association/ Govt. Entities/Executors/Admintrators & Other(Please specify)	
v	Telephone number		v	Telephone number Fax number	
vi	Fax number		vi	number	
<b><u>B</u></b> <b><u>Other Information</u></b>					
i	Details of contact person Name & designation Contact number Fax number(Optional) Mobile number(Optional) Mailing address NTN or Sales Tax number			i	Details of contact person Name & designation Contact number Fax number(Optional)  Mobile number(Optional) Mailing address
ii	CNICs number of all Trustees/ Members/Executors/ Administrators & Other(please specify) Instructions for trading(Verbal/written) Confirmation of trade deliver(By mail/courier  or by E-mail			ii	NTN or Sales Tax number CNICs number of all Trustees/ Members/Executors/ Administrators & Other(please specify) Instructions for trading(Verbal/written) Confirmation of trade deliver(By mail/courier or by E- mail
iii				lii	

Customer Services

Operation Dept.

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Internal Auditor



