

KNOW YOUR CUSTOMER (KYC) APPLICATION FORM

(To be also used for Online Account Opening with Al)

(Form to be filled preferably in BLOCK LETTERS)

## **INDIVIDUAL**

A. IDENTITY DETAILS OF APPLICANT																
1. Full name of Applicant (As per CNIC/SNIC/NICOP/ARC/POC/Passport^) Mr. / Mrs. / Ms.																
2. a.Father's/Husband's Name: 2. b. Mother's Maiden Name:																
3. a. Nationality:	3. a. Nationality:				Sin	gle		Married c			c. Status: Residen			Non-Resident		
d. Place of Birth	e. Gender	r:		Mal	le		Fema	le	•							
4. a.CNIC/ SNIC/NICOP/ARC/POC No																
b. Expiry date:	c. Issue date: d. Life time															
5. Passport details:	Passport No:									Place of Issue						
(For a foreigner or a non-resident Pakis)  6. Date of Birth	Date of Issue Date of Expiry															
B. ADDRESS DETAILS OF APPLICA	ANT															
1.(a)Mailing Address:		into uno o dio u			م ما ما بد			fa aa.		of	the eviere	al inta	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(Address should be different from auth	orizea	City/Town/\	<i>y busin</i> /illage:	iess a	auure			nce/Stat		es or at	umonze	a irite		<i>y)</i> ıntry:		
(b) Tel. (Off.)*: (c) Tel. (Res.)*: (d) Mobile**:																
Specify the proof of address submitted for mailing address:																
2. (a)Permanent Address: City/Town/Village: Province/State: Country:																
if different from above or overseas address, mandatory for Non - Resident Applicant)																
(b) Tel. (Off.)*: (c) Tel. (Res.)*: (d) Mobile**: (e) Email**:																
Specify the proof of address submitted for permanent address^:																
C. OTHER DETAILS																
1. Gross Annual Income Details (p	specify):	=	Below Rs. 100,000 Rs. 100,001 - Rs. 250							s. 250,001 - Rs. 500,000 s. 500,001 - Rs. 1,000,000			Rs. 1,000,001 - Rs. 2,500,000 Above Rs 2,500,001			
2. Source of Income:																
3. Shareholder's/ Unit Holder's Categ	ory:							INDIV	IDUA	L						
4. (a) Occupation: [Please tick (') the appropriate	<u> </u>	Agriculturis	st			Busines	ss			House	Housewife				Household	
		Retired Per		n Studer			t			Business Executive				Industrialist		
box]	Professional			Service						Govt. /Public Sector		Others (Specify)				
(b) Name of Employer / Business: (Include	de symbo	ol if employer lis	sted comp	oany)		(c) Job	Title	/ Desig	natioi	1:			(d) Dep	artm	ent:	
(e) Address of Employer / Business:																
D. BANK DETAILS / E WALLET : Bank / E Wallet Name :																
IBAN / E Wallet No :																
Bank Name :		Bank No :														
E Wallet Provider Name :							_	Wallet F		ler No:						
E. DECLARATION								valict	TOVIC	ICI 140.						
<ul> <li>I hereby confirm that all the information furnished above is true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be untrue or false or misleading or misrepresenting, I am aware that I may beheld liable for it.</li> <li>I hereby, unconditionally and irrevocably, declare, confirm and acknowledge having read in full and understood the relevant terms and conditions attached as an Annexure to this KYC Application Form duly provided to me by the Authorized Intermediary at the time of filing of this KYC Application Form.</li> <li>I hereby acknowledge that I was informed by the Authorized Intermediary at the time of filing this KYC Application Form that these terms and conditions are prescribed under CKO Regulations, 2017 and are also available on the website of CKO, further, I have no doubt or concern that the terms and conditions shared with me by the Authorized Intermediary are any different from the ones specified in CKO Regulations, 2017 and available an CKO's website.</li> </ul>																
Signature of the Applicant	Date: _			(d	d/mr	m/yyyy	ı) Si	ignatuı	re of						/NICOP/ARC/POC/Pa signature is differen	
FOR OFFICE USE ONLY																
<ul> <li>I hereby confirm and acknowledge having provided in full the relevant terms and conditions attached as an Annexure to this KYC Application Form to the Customer at the time of filing of this KYC Application Form.</li> </ul>													to the			
I hereby confirm that I have informed the Customer at the time of filing this KYC Application Form regarding the availability of these terms and conditions in CKO Regulations, 2017 and on the website of CKO, I further confirm and acknowledge that I have no doubt or concern that the terms and conditions shared with Customer by me are not updated and has any difference when compared with the terms and conditions specified in CKO Regulations, 2017 and available at CKO's website.																
Authorized Signatory					Dat	е		Seal/Stamp of the Authorized Intermediary								

<sup>\*</sup> Optional

\*\* For NICOP/ARC/POC/Passport, Email is mandatory and Mobile Number is Optional. Whereas for CNIC/SNIC, Mobile Number is Mandatory and Email is Optional.

In case of SNIC where country of stay is not Pakistan, email will be mandatory.

\*\*\* IBAN shall be mandatory for all Customers except for those who have provided an undertaking for exclusion from IBAN requirement due to any exception available

under applicable laws, rules, regulations etc or where permitted by CKO for reasons to be recorded.