

JOINT APPLICANT NO. 2

1. Full name of Applicant (As per CNIC/SNIC/NICOP/ARC/POC/Passport) MR. / MRS. / MS.

UKN No.

2. CNIC ☐ SNIC ☐ NICOP ☐ ARC ☐ POC ☐ Passport ☐ No:

[Please tick (✓) appropriate box]

Date of Issue _____

Date of Expiry _____

JOINT APPLICANT NO. 3

1. Full name of Applicant (As per CNIC/SNIC/NICOP/ARC/POC/Passport) MR. / MRS. / MS.

UKN No.

2. CNIC ☐ SNIC ☐ NICOP ☐ ARC ☐ POC ☐ Passport ☐ No:

[Please tick (✓) appropriate box]

Date of Issue _____

Date of Expiry _____

JOINT APPLICANT NO. 4

1. Full name of Applicant (As per CNIC/SNIC/NICOP/ARC/POC/Passport) MR. / MRS. / MS.

UKN No.

2. CNIC ☐ SNIC ☐ NICOP ☐ ARC ☐ POC ☐ Passport ☐ No:

[Please tick (✓) appropriate box]

Date of Issue _____

Date of Expiry _____

C. OTHER ACCOUNT LEVEL INFORMATION

1. Bank Details: The bank account information of the Main Applicant as provided in the KYC Application Form shall be used.

2. Residential Status: The Resident Status of the Main Applicant as provided in the KYC Application Form shall be used.

3. Basis of Remittance [Please tick (✓) the appropriate boxes]

Repatriable

Non-Repatriable

Non-resident Pakistani

☐
☐

Foreigner/ Pakistani Origin

☐
☐

4. Zakat Status:

[If, according to the Fiqh of the Applicant(s), Zakat is not deductible, then relevant Declaration on prescribed format shall be submitted by all the Applicant(s) with the concerned Participant/TREC Holder/Investor Accountholder]. Non-Muslims shall submit an affidavit.

Please tick (✓) the appropriate box

☐

Muslim Zakat deductible

☐

Muslim Zakat non-deductible

☐

Not Applicable

5. Particulars of nominee
(Optional but if desired, nomination should only be made in case of sole individual and not joint account)

[Nomination may be made in terms of requirements of Section 79 of the Companies Act, 2017, which inter alia requires that person nominated as aforesaid shall not be a person other than the following relatives of the Investor Accountholder/Sub-Account Holder, namely: a spouse, father, mother, brother, sister and son or daughter.]

(a) Name of Nominee:

(b) Relationship with Main Applicant:
[Please tick (✓) appropriate box]

☐

Spouse

☐

Father

☐

Mother

☐

Brother

☐

Sister

☐

Son

☐

Daughter

(c) CNIC ☐ SNIC ☐ NICOP ☐ ARC ☐ POC ☐ No:
[Please tick (✓) appropriate box]

(d) Expiry date of CNIC /SNIC/ NICOP / ARC / POC:

(e) Passport details:
(In case of a foreigner or a Pakistani origin)

Passport Number:

Place of Issue:

Date of Issue:

Date of Expiry:

D. CDC access: CDC provides **FREE OF COST** services under CDC access whereby Sub-account holders/Investor Accountholders can have real time access to their account related information.

1. Do you wish to subscribe to free of cost IVR/Web Service? [Please tick (✓) the appropriate box]

☐

Yes

☐

No

2. If you are subscribing to IVR and Web Service, please provide following details of your Contact Person:

(a) Date of Birth

D

D

/

M

M

/

Y

Y

Y

Y

(b) Mother's Maiden Name:

E. AUTHORIZATION UNDER SECTIONS 12 AND 24 OF THE CDC ACT EXCLUSIVELY FOR SETTLEMENT OF UNDERLYING TRADES, PLEDGE AND RECOVERY OF PAYMENTS CHARGES AND LOSSES (FOR SUB-ACCOUNT ONLY)

I/we the undersigned, hereby give my/our express authority to the Participant under Section 12 and Section 24 of the Central Depositories Act, 1997 to handle Book-entry Securities beneficially owned by me/us and entered in my/our Sub-Account maintained with the Participant for securities transactions that are exclusively meant for the following purposes:

- For the settlement of any underlying market transactions (trades) including off market transactions made by me/us from time to time;