



H.G MARKETS (PRIVATE) LIMITED

2-Race Course Road, Lahore - Pakistan.

CUSTOMER RELATIONSHIP FORM FOR INDIVIDUALS

(Please Also Fill KYC APPLICATION FORM for Main and Joint Applicants)

(Please use BLOCK LETTERS to fill the form)

For official use of the H.G MARKETS (PRIVATE) LIMITED	
Application Form No.	CC
TRE Certificate No.	528
Securities Broker Registration No.	528
CDS Participant ID	19513
Sub-Account No.	Tag2
Trading Account No. (Back-office ID) (if applicable)	Tag3
Investor Account No.	Tag4
Nature of Account	Single <input type="checkbox"/> Joint <input type="checkbox"/>

I/We hereby apply for opening of my/our following account [please tick (✓) only one relevant box] with H.G MARKETS (PRIVATE) LIMITED:

- ☐ 3 Trading & Sub-Account [Opening of Account with Securities Broker for trading, custody and settlement]
- ☐ 4 Investor Account with CDC
- ☐ 5 Sub-Account with Participant
- ☐ 6 Trading Account [Opening of Account with a Securities Broker for trading purpose only]

Note: In case applicant chooses option # 4 above, then he/she shall choose any of the following:

- ☐ 7 Subscribe to Direct Settlement Services (DSS) with CDC
- ☐ 8 Subscribe to National Custodial Services (NCS) with NCCPL
- ☐ 9 Others (please specify e.g. CCM/ NBCM) Tag5

A. REGISTRATION (AND OTHER) DETAILS OF MAIN APPLICANT (The information should be same as provided in the KYC Application Form)	
1. Full name of Applicant (As per CNIC/SNIC/NICOP/ARC/POC/Passport) MR. / MRS. / MS. Tag7 UKN No. Tag8	
2. CNIC <input type="checkbox"/> 10 SNIC <input type="checkbox"/> 11 NICOP <input type="checkbox"/> 12 ARC <input type="checkbox"/> 13	Tag9 Tag10 Tag11 Tag12 Tag13 Tag14 Tag15 Tag16 Tag17 Tag18 Tag19 Tag20 Tag21 Tag22 Tag23
POC <input type="checkbox"/> 14 Passport <input type="checkbox"/> No. [Please tick (✓) appropriate box]	
3. Details of Contact Person: [Note: Contact Person shall not be the person other than the Main Applicant, any one of the Joint Applicants or their Attorney. However, Attorney shall not be a Participant/TRE Certificate Holder or its Director or Representative. Where Contact Person is the Main Applicant or any of the Joint Applicants, please tick (✓) the appropriate box (a) below and use the contact details of such Contact Person as provided in the KYC Application Form for CDS. Where Contact Person is an Attorney, please provide details in (a) to (i) below]	
(a) Contact Person: Main Applicant <input type="checkbox"/> 6 Joint Applicant No. 1 <input type="checkbox"/> 6 Joint Applicant No. 2 <input type="checkbox"/> 6 Joint Applicant No. 3 <input type="checkbox"/> 6 Attorney <input type="checkbox"/> 6	
(b) Attorney Name: MR. / MRS. / MS.	
(c) Mailing Address:	
(d) CNIC <input type="checkbox"/> 16 SNIC <input type="checkbox"/> 17 NICOP <input type="checkbox"/> 18 ARC <input type="checkbox"/> 19	Tag24 Tag25 Tag26 Tag27 Tag28 Tag29 Tag30 Tag31 Tag32 Tag33 Tag34 Tag35 Tag36 Tag37 Tag38
POC <input type="checkbox"/> 20 No. [Please tick (✓) appropriate box]	
(e) Expiry date of CNIC//SNIC/NICOP/ARC/POC <input type="checkbox"/> 20 Tag39 Tag40 Tag41 Tag42 Tag43 Tag44 Tag45 Tag46 Tag47 Tag48 Tag49 Tag50 <input type="checkbox"/> 19	
(f) Passport details: (For a foreigner)	Passport Number: Tag50 Place of Issue: Tag451
	Date of Issue: Tag52 Date of Expiry: Tag53
(g) Contact No: <ul style="list-style-type: none"> Land Line No.: (optional) Local Mobile No. (*) 	(h) Email: (*) Tag54 Tag55
*Where the Contact Person is resident, local mobile number shall be provided for the purpose of subscription to SMS as a mandatory requirement. Where the Contact Person is a non-resident, email address shall be provided for eAlert/eStatement from CDC as a mandatory requirement. In case the Contact Person is an Attorney, the Attorney shall receive such services. This information will also be used where any other service is subscribed under the CDC access.	
4. Permanent Address: [The address should be of the Main Applicant]	Please use the details as provide in the KYC Application Form and enter the same in the CDS Tag56
B. REGISTRATION (AND OTHER) DETAILS OF THE JOINT APPLICANT(S) (The information should be same as provided in the KYC Application Form. Complete details of Joint Holders shall be fetched from the Central Portal / KIS)	
JOINT APPLICANT NO. 1	
1. Full name of Applicant (As per CNIC/SNIC/NICOP/ARC/POC/Passport) MR. / MRS. / MS. UKN No.	
2. CNIC <input type="checkbox"/> 21 SNIC <input type="checkbox"/> 22 NICOP <input type="checkbox"/> 23 ARC <input type="checkbox"/> 24	Tag57 Tag58 Tag59 Tag60 Tag61 Tag62 Tag63 Tag64 Tag54 Tag65 Tag66 Tag67 Tag68 Tag69 Tag70
[Please tick (✓) appropriate box]	

Date of Issue Tag71

Date of Expiry Tag72