



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.	
TRE Certificate No.	528
Securities Broker Registration No.	528
CDS Participant ID	19513
Sub-Account No.	
Trading Account No. (Back-office ID) (if applicable)	
Investor Account No.	
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:

1. ☐ Trading & Sub-Account [Opening of Account with Securities Broker for trading, custody and settlement]
2. ☐ Investor Account with CDC 3. ☐ Sub-Account with Participant
4. ☐ 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:

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

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.														UKN No.							
2. CNIC <input type="checkbox"/> SNIC <input type="checkbox"/> NICOP <input type="checkbox"/> ARC <input type="checkbox"/>																					
POC <input type="checkbox"/> 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"/> Joint Applicant No. 1 <input type="checkbox"/> Joint Applicant No. 2 <input type="checkbox"/> Joint Applicant No. 3 <input type="checkbox"/> Attorney <input type="checkbox"/>																					
(b) Attorney Name: MR. / MRS. / MS.																					
(c) Mailing Address:																					
(d) CNIC <input type="checkbox"/> SNIC <input type="checkbox"/> NICOP <input type="checkbox"/> ARC <input type="checkbox"/>																					
POC <input type="checkbox"/> No.																					
[Please tick (✓) appropriate box]																					
(e) Expiry date of CNIC//SNIC/NICOP/ARC/POC: D D / M M / Y Y Y Y Life Time <input type="checkbox"/>																					
(f) Passport details: (For a foreigner)														Passport Number:				Place of Issue:			
														Date of Issue:				Date of Expiry:			
(g) Contact No:														(h) Email:(*)							
<ul style="list-style-type: none"> Land Line No.: (optional) Local Mobile No. (*) 																					
*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							

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"/> SNIC <input type="checkbox"/> NICOP <input type="checkbox"/> ARC <input type="checkbox"/> POC <input type="checkbox"/> Passport <input type="checkbox"/> No:																	
[Please tick (✓) appropriate box]																	

Date of Issue _____

Date of Expiry _____