



Customer Information

VPS ID:	10205	Full Name:	Moiz
Father's/Husband's Name:	Qadeer	Mother's Name:	Rukhsana
Gender:	Male	Date of Birth:	3/2/1988
Religion:	Muslim	Marital Status:	Married
Bank Status:	N/A	Zakat Deduction:	Yes
Record Last Updated:	Dec 5 2022		

Residential Information

Residential Status:	Pakistani Resident	Nationality:	Pakistan
Country of Residence:	Pakistan	Do you hold US Green Card?	No
Are you a US Resident?	No	Are you tax resident of Pakistan and/or USA?	No

Contact Information

Residential Address	malir	Mailing Address	malir
Email	moiz.quareshi@jsil.com	Phone Number	923462132831
State	Sindh	City	Karachi
Tel No.		Nationality:	Pakistan

Tax Information

National Tax No. (NTN):	N/A
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Bank Information

Payment Mode:	Online	Bank Name:	Js Bank Limited
Branch:	main	Bank Account Title:	Moiz
Branch Address:	II CHANDIGARH	IBAN/Account No.:	PK92 JSBL 1111 1111 1919 9999

Professional Information

Education:	Graduate	Occupation:	Private Service
Annual Income:	Up-to Rs. 2.5M to Rs. 5M	Retirement Age:	65

ID Document

Document Type:	National ID Card	ID Number:	4220121520241
Expiry Date:	19/07/2029	Issuance Date:	27/09/2019

Allocation Detail

Pension Saving Fund:	JS PENSION SAVINGS FUND	Type of VPS Account:	RETIREMENT ACCOUNT
Scheme Code:	Select Scheme	Debt:	40
Equity:	50	Money Market:	10
Initial Contribution:		Period Contribution:	
Frequency Period:	Monthly		

Account Management Instructions

Send Account Statement Via Email:	Yes	Send Account Statement Via POST:	No
For All Other Correspondence Via SMS:	Yes	For All Other Correspondence Via EMAIL:	No

PEP Declaration

Are you a resident/ national of any country other than Pakistan?	No	Do you belong to a country that is not part of FATF (Financial Action Task Force)?	No
Do you have any business relationship or transactions in/ from offshore tax haven countries?	No	Has any financial institution ever refused to open your account?	No
Do you deal in high value items i.e. Gold, silver, diamonds, metals, gems etc.?	No	Are you a resident or inhabitant of southern punjab or afghan border?	No
Do you hold a high profile position i.e. sports or media personality?	No	Are you acting on behalf of any other person? (if yes, please provide "declaration for ultimate beneficial ownership")	No
Name of Ultimate Beneficial Ownership		CNIC of Ultimate Beneficial Ownership	
Are you a domestic or foreign "Politically Exposed Person" (PEP)?	Neither	Are you a family member or close associate of a domestic or foreign "Politically Exposed Person" (PEP)?	Neither

FATCA Information

Title of Account:	Moiz	CNIC No.:	4220121520241
Country of Residence:	Pakistan	Place of Birth:	Karachi
Are you a US Citizen?	No	Are you a US Resident?	No
Do you hold US Permanent Resident Card (Green Card)?	No	Are you a resident/citizen of any country other than Pakistan?	No
Country of residence other than Pakistan:	Select Country of Residence	Do you have any tax obligation in a country other than Pakistan?	No
Country of tax obligation other than Pakistan:	Select Country of Residence	Are you Dual National?	No
Country of dual nationality:	Select Country of Residence	Are you a U.S. Owned Entity/ any other country?	No
Have you given power of attorney to anyone residing overseas?	No	Power of Attorney's Address:	

Health Questionnaire

Are you to the best of your knowledge in good health now i.e. free from any Mental or Physical Impairment or Deformity?	No	Diabetes Mellitus (Raised Blood Sugar, Sugar in Urine)?	No
Hypertension (Raised Blood Pressure)?	No	Heart Disease (e.g. Heart Attack, Angina, Chest Pain, Coronary Artery Disease, Shortness of Breath etc.)?	No
Liver Disease (e.g. Jaundice, Hepatitis A/B/C etc.)?	No	Respiratory Disease (e.g. Tuberculosis, Chronic Cough, Asthma etc.)?	No
Kidney Disease (e.g. Stones, Kidney Failure etc.) or any Disease of the Genito-Urinary System?	No	Digestive System Disease (e.g. Gall Stones, Chronic or Recurrent Diarrhea, Ulcers etc.)?	No
Any form of Tumor, Growth, Cancer or Blood Disease?	No	Stroke or Any Disease of the Nervous System or any Mental Disorder (e.g. Depression, Fits, Epilepsy, Anxiety, Fainting Attacks, Headaches etc.)?	No
Diseases of Eyes, Ears, Nose, Throat, Spleen, Glands, or Skin?	No	Any other Disease or Illness not mentioned above?	N/A
Do you currently have or recently had any of the COVID-19 related symptoms (such as fever, sore throat, dry cough, shortness of breath etc.) or have you been tested for COVID-19?	No	Have you ever been admitted in a Hospital for any reason or undergone any diagnostic test/procedure (e.g. Urine/Blood test, Angiography, CT Scan, MRI, Ultrasound, X-Ray etc.) or any operation?	No
Do you presently take or have you ever in the past taken any medication on a regular basis?	No	Name of the Physician	N/A
Address of the Physician	N/A		

Nominee Information

Name	Relation	Share Percentage	CNIC	DOB	Father/Husband Name	Phone	Email
NOUMAN HUSSAIN HUZAIFA	FRIEND	100	1472583691234	03/12/2002	KAMRAN	03462132831	