



**KNOW YOUR CUSTOMER(KYC)
APPLICATION FORM
INDIVIDUAL**

KNOW YOUR CLIENT (KYC) APPLICATION FORM

INDIVIDUAL

(Please use BLOCK LETTERS to fill the form)

A. IDENTITY DETAILS OF APPLICANT

1. Full name of Applicant (As per CNIC/SNIC/NICOP/ARC/POC/Passport) Mr./Mrs./Ms. _____

2. Father's/Husband's Name: _____

3. (a) Nationality: _____ (b) Marital status: Single Married (c) Status: Resident Non-Resident

4. (a) CNIC/SNIC/NICOP/ARC/POC No: (b) Expiry Date: _____

5. Passport details: Passport Number: _____ Place of Issue: _____

(For a foreigner or a non-resident Pakistani)

Date of Issue: _____ Date of Expiry: _____

6. Date of Birth: - -
DD/MM/YYYY

B. ADDRESS DETAILS OF APPLICANT

1. (a) Mailing Address: _____

(Address should be different from authorized intermediary business address except for employees of authorized intermediary)

City/Town/Village: _____ Province/State: _____ Country: _____

(b) Tel. (Off.):* _____ (c) Tel. (Res.):* _____ (d) Mobile: _____

(e) Email*: _____ (f) Fax*: _____

Specify the proof of address submitted for mailing address: _____

2. (a) Permanent Address: _____

(if different from above or overseas address, mandatory for Non-Resident Applicant)

City/Town/Village: _____ Province/State: _____ Country: _____

(b) Tel. (Off.):* _____ (c) Tel. (Res.):* _____ (d) Mobile: _____

(e) Email (If any): _____ (f) Fax*: _____

Specify the proof of address submitted for permanent address: _____

Signature of the Applicant

Authorized Signatory

Terms & Conditions of the KYC Application Form

1. All terms herein shall, unless expressly stated otherwise, have the same meaning as ascribed to them in the Centralized KYC Organization Regulations.
2. The information provided in KYC application form and/or CRF shall be in addition to and not in derogation of the requirements prescribed under Anti-Money Laundering and Countering Financing of Terrorism Regulations, 2018.
3. All correspondence shall be sent by CKO at the mailing address and/or email address of the Customer, as stated on the KYC Application Form.
4. Neither the CKO nor its directors, officers, employees or agents shall be liable for losses, damages, liabilities, costs or expenses suffered or incurred by the Customer as a result of providing its KYC Information to Authorized Intermediaries or the CKO due to any reasons whatsoever including its unauthorized disclosure.
5. The Customer undertakes to indemnify the CKO against any losses, damages, liabilities, costs or expenses suffered or incurred by CKO, including any legal costs and claims by third parties, as a result of any inaccuracy, misrepresentation, misstatement or incorrect details in the information supplied by the Customer or any omission in such information or any other contravention or violation of the Centralized KYC Organization Regulations
6. The Customer agrees that in the event that he does not abide by the timelines prescribed in the Centralized KYC Organization Regulations for submission of information and confirmation to the NCCPL, the NCCPL shall be authorized to take action as prescribed in the Centralized KYC Organization Regulations. The Customer undertakes that it shall hold CKO harmless and that CKO shall not be liable for any losses, damages, liabilities, costs or expenses suffered or incurred by the Customer as a result of such actions.
7. The Customer agrees that CKO may hold, store and process its KYC Information on the KYC Information System and KYC Database in connection with its KYC functions under the Centralized KYC Organization Regulations. The Customer also agrees that CKO may disclose its KYC Information as permitted under the CKO Regulations and such other disclosures as may be reasonably necessary for compliance with any other laws or regulatory requirements.
8. The Customer acknowledges that KYC Information System and KYC Database, including but not limited to all the information contained therein is the legal property of CKO.
9. The Authorized Intermediaries agree to pay CKO the fees and charges as prescribed by CKO from time to time in respect of its KYC functions.
10. CKO has absolute discretion to amend or supplement any of the terms and conditions at anytime and will endeavor to give prior notice of fifteen days wherever feasible for such changes.
11. The Customer agrees and affirms that it shall be bound by and acts in accordance with the provisions of the Centralized KYC Organization Regulations.
12. These terms and conditions shall be governed by the laws of Pakistan.

Enclosures*

1. Copies of CNIC, SNIC, NICOP, ARC, POC and/or passport* where applicable
2. Proof of mailing/permanent address*
Note: In case the address provided is same as in CNIC, no additional document is mandatory. In other cases, any of the following documents shall be obtained: Utility bills; rental agreement; insurance policy.
3. Employer Details (for salaried persons) *
Copy of service card or any other acceptable evidence of service, such as certificate from the employer.
4. Proof of business for self-employed persons*.

Signature of the Applicant

Authorized Signatory

Know Your Customer (KYC) / Customer Due Diligence (CDD) Information - Mandatory

a) Birth Information: Date of Birth: _____ City: _____ Country: _____

b) Type of Customer DVP Non-DVP IDS

c) Public Figure / Politically Exposed Person / Family Member Or Close Associate Of PEP.

(Includes Heads of State or of government, senior politicians, senior government/judicial/military officials of Grade 17 or above, Senior executive of state owned corporations, important political party officials, Senior management/member of board of an international organization.)

Yes No (If Yes please tick appropriate box) Local Foreign

d) Are you a family members or close associate of any Public Figure / Politically Exposed Person.

Yes No (If Yes provide details OF PEP)

Name: _____ Designation: _____

Function: _____ Relationship with Client: _____

e) If you are acting and investing on behalf of any other person (ultimate beneficiary) please provide the following details of the ultimate beneficiary.

(Note: Mandatory for Housewife/Household/Students accounts)

Name of Ultimate Beneficial owner: _____ Relationship with the Customer: _____

CNIC/ NICOP/ Passport No.: _____

Signature of Ultimate Beneficial Owner

f) Has any financial institution refused to open your account?

Yes No (if Yes, provide details)

Name of Financial Institution: _____ Reason For Refusal: _____

g) Do you have any links to offshore tax haven countries?

Yes No

h) Do you deal in high value item such as Silver, Gold?

Yes No

i) Are you a Tax Filer?

Yes No

j) National Tax No. (NTN) _____

k) Education Below Matric Matric/O Level Intermediate/A Level Graduate
 Professional Postgraduate Other

l) Purpose of Account: Investment Trading

m) Mode of Transactions: Online Offline Both

n) Expected Monthly turnover/Trading Value: _____

o) Information Regarding Business/ Employment

i) Nature of Business of Employer/Business: _____

ii) Geographical Locations covered by business: _____

Signature of Account Holder:

Name

Signature

Date