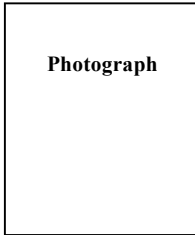




Concordia Securities (Pvt) Ltd

1st Floor, 57-C ,Khayaban e Bukhari ,Commercial Lane #5 ,Phase 6 ,DHA ,Karachi.



KNOW YOUR CLIENT (KYC) APPLICATION FORM

MAIN APPLICANT (Individual)

(Please use **BLOCK LETTERS** to fill the form)

A. IDENTITY DETAILS OF MAIN APPLICANT																		
1. Full name of Applicant (As per CNIC / NICOP/NARA / Passport) MR. / MRS. / MS.																		
2. Father's / Husband's Name:																		
3. a. Nationality:			b. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married			c. Status: <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident												
4. a. Computerized National Identity Card or NICOP/NARA No:																		
5. Passport details: <i>(For a foreigner or a Pakistani origin)</i>			Passport Number:			Place of Issue:												
			Date of Issue:			Date of Expiry:												
6. a. NTN (Optional)					b. Date of Birth													
B. ADDRESS DETAILS OF MAIN APPLICANT																		
1.(a)Mailing Address: <i>(Address should be different from authorised intermediary business address except for employees of Brokers)</i>																		
			City/Town/Village:		Province/State:		Country:											
(b) Tel. (Off.):		(c) Tel. (Res.):		(b) Mobile:		(d) Fax: (Optional)		(e) Email (if any):										
Specify the proof of address submitted for mailing address:																		
2. (a)Permanent Address: <i>(if different from above or overseas address, mandatory for NonResident Applicant)</i>																		
(b) Tel. (Off.):		(c) Tel. (Res.):		(b) Mobile:		(d) Fax (Optional):		(e) Email (If any):										
Specify the proof of address submitted for permanent address:																		
C. OTHER DETAILS																		
1. Gross Annual Income Details (please specify): <input type="checkbox"/> Below Rs. 100,000 <input type="checkbox"/> Rs. 250,001- Rs. 500,000 <input type="checkbox"/> Rs. 1,000,001+ Rs. 2,500,000																		
<input type="checkbox"/> Rs. 100,001 - Rs. 250,000			<input type="checkbox"/> Rs. 500,001 - Rs. 1,000,000			<input type="checkbox"/> Above Rs 2,500,001												
2. Net-worth as on (date) _____ : (_____)																		
3. Shareholder's Category: INDIVIDUAL																		
4. (a) Occupation: <i>[Please tick (✓) the appropriate box]</i>																		
										<input type="checkbox"/> Agriculturist		<input type="checkbox"/> Business		<input type="checkbox"/> Housewife		<input type="checkbox"/> Household		
										<input type="checkbox"/> Retired Person		<input type="checkbox"/> Student		<input type="checkbox"/> Business Executive		<input type="checkbox"/> Industrialist		
<input type="checkbox"/> Professional		<input type="checkbox"/> Service		<input type="checkbox"/> Others (Specify)														
(b) Name of Employer / Business:					(c) Job Title / Designation:													
(d) Address of Employer / Business:																		
D. BANK VERIFICATION(Main Applicant): Required to be verified by the Bank:																		
Bank Account Title:					CNIC No:													
Bank Account No:					Signature of Applicant:													
Address of Applicant:																		



We do hereby verify the above particulars and signature of our above account holder:											
Particulars of Bank Manager / Authorized Officer											
Name:						Contact No(s):					
E-mail:						Signature & Rubber Stamp:					
I hereby confirm that all the information furnished above is true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be untrue or false or misleading or misrepresenting, I am aware that I may be held liable for it.											
Signature of the Applicant Date: _____ (dd/mm/yyyy)											
FOR OFFICE USE ONLY											
<input type="checkbox"/> (Originals verified) True copies of documents received											
<input type="checkbox"/> (Self-Attested) Self Certified Document copies received											
Signature of the Authorised Signatory				Date				Seal/Stamp of the Authorised Intermediary			



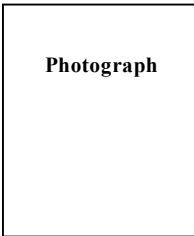
Concordia Securities (Pvt) Ltd.

1st Floor, 57-C ,Khayaban e Bukhari ,Commercial Lane # 5 ,Phase 6 , DHA ,Karachi.

KNOW YOUR CLIENT (KYC) APPLICATION FORM

CORPORATE

(Please use **BLOCK LETTERS** to fill the form)



A. REGISTRATION (AND OTHER) DETAILS OF APPLICANT				
1. Full name of Applicant (As per constitutive documents)				
2. Date of Incorporation:		3. Place of Incorporation:		
4. Date of Commencement of Business:		5. National Tax No. (where available)		
6. Industry/Sector:		7:		
8. Directors Details:				
a) Business address:				
b) Residential address:				
c) Telephone number:				
d) E-mail address:				
9. Registration Number/Unique Identification Number ("UIN"):				
10. Detail of Contact Person of the Applicant: (Should only be an official or an Attorney of the Applicant)				
(a) Name Mr./Mrs./Ms:				
(b) Association of the Attorney with the Applicant:				
(c) Address:				
(d) CNIC No:				
(e) Expiry date of CNIC:		(f) Designation of the official:		
(g) Tel (off):		(h) Mobile:	(i) Fax:	(j) E-mail:
B. ADDRESS DETAILS OF APPLICANT				
1. (a) Mailing Address:				
City/Town/Village:		Province/State:	Country:	
(b) Tel. (Off.):	(c) Tel. (Res.):	(b) Mobile:	(d) Fax:	(e) Email:
Specify the proof of address submitted for mailing address:				
2. (a) Registered Address:				
City/Town/Village:		Province/State:	Country:	
(b) Tel. (Off.):	(c) Tel. (Res.):	(b) Mobile:	(d) Fax:	(e) Email:
C. OTHER DETAILS				
1. Expected Annual Income:				
2. Net-equity/net-assets as on (date) _____ : (_____)				
3. Share holder's Category: <i>[Please tick (✓) the appropriate box]</i>	<input type="checkbox"/>	Investment Company	<input type="checkbox"/>	Moadaraba
	<input type="checkbox"/>	Insurance Company	<input type="checkbox"/>	Modaraba Management Company
	<input type="checkbox"/>	Charitable Trust	<input type="checkbox"/>	Cooperative Society
	<input type="checkbox"/>	Leasing Company	<input type="checkbox"/>	Mutual Fund
	<input type="checkbox"/>	Bank/Financial Institution	<input type="checkbox"/>	Other (Please specify)
	<input type="checkbox"/>	Joint Stock Company	<input type="checkbox"/>	
D. BANK VERIFICATION (Main Applicant): Required to be verified by the Bank Manager:				



CONCEPT PAPER - CKO

Bank Account Title:	CNIC No:																		
Bank Account No:	Signature of Applicant:																		
Address of Applicant:																			
We do hereby verify the above particulars and signature of our above account holder:																			
Particulars of Bank Manager / Authorized Officer																			
Name:										Contact No(s):									
E-mail:										Signature & Rubber Stamp:									

E. DECLARATION

I hereby confirm that all the information furnished above is true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be untrue or false or misleading or misrepresenting, I am aware that I may be held liable for it.

Signature of the Authorized Person _____ Date: _____ (dd/mm/yyyy)

FOR OFFICE USE ONLY

- (Originals verified) True copies of documents received
- (Self-Attested) Self Certified Document copies received

Signature of the Authorised Signatory _____ Date _____ Seal/Stamp of the Authorised Intermediary _____