KNOW YOUR CUSTOMER (KYC) APPLICATION FORM

(To be also used for Online Account Opening with AI)

CORPORATE

(*Form to be filled preferably in BLOCK LETTERS*)

EClear Services Limited
CDC House, 99-B,
Block B, S.M.C.H.S.,
Main Shahrah-e-Faisal, Karachi.

Fair Edge Securities (Pvt) Limited
Office No. 501. 5th Floor, ISE Tower,
55 – B, Jinnah Avenue, Blue Area,
Islamabad.

A. REGISTRATION (AND OTHER) DETAILS OF CUSTOMER				
1. Full name of Customer (As per constitutive documents)				
2. Date of Incorporation:		**3. Incorporation Number:**	**4. Place of Incorporation:**	
5. Date of Commencement of Business:		**6. National Tax No**. (For exempted entities, supporting document should be provided)/Letter of Undertaking, where entities opt not to obtain NTN)		
7. Industry / Sector:				
8. Registration Number / Unique Identification Number ("UIN"):				
9. Details of Contact Person of the Customer: *(Should only be an authorized representative of the Customer)*				
(a) Name Mr./Mrs./Ms.:				
(b) Association of the Attorney with the Customer:				
(c) Address:				
(d) CNIC/SNIC/NICOP/ARC/POC No:				
(e) Expiry date of CNIC/SNIC/NICOP/ARC/POC:		(f) Designation of the official:		
(g) Tel. (Off.)*:	(h) Mobile:	(i) Fax*:	(j) E-mail:	
(h) . Passport details: *(For a foreigner or a non-resident Pakistani)*	Passport No:	Place of issue:	Date of Issue:	Date of Expiry:

B. ADDRESS DETAILS OF CUSTOMER			
1.(a)Mailing Address:			
City/Town/Village:		Province/State:	Country:
(b) Tel. (Off.):	(c) 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) Mobile*:	(d) Fax*:	(e) Email:
Specify the proof of address submitted for registered address:			

C. OTHER DETAILS				
1. Expected Annual Income:				
2. Net-equity / net-assets as on (date)_____: (_____)				
3. Shareholder's Category: *[Please tick (✓) the appropriate box]*	☐	Investment Company	☐	Modaraba
	☐	Insurance Company	☐	Modaraba Management Company
	☐	Charitable Trust	☐	Cooperative Society
	☐	Leasing Company	☐	Mutual Fund
	☐	Bank/Financial Institution	☐	Other (*Please specify*)
	☐	Joint Stock Company	☐	

D. BANK DETAILS	
Bank Name:	IBAN No:
Branch Name:	Branch Address:

E. DECLARATION

☐ I / we hereby confirm that all the information furnished above is true and correct to the best of my /our knowledge and belief and I/we 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/we am aware that I/we may be held liable for it.

☐ I / we hereby, unconditionally and irrevocably, declare, confirm and acknowledge having read in full and understood the relevant terms and conditions attached as an Annexure to this KYC Application Form duly provided to me/ us by the Authorized Intermediary at the time of filing of this KYC Application Form.

☐ I / we hereby acknowledge that I/ we had been informed by the Authorized Intermediary at the time of filing this KYC Application Form that these terms and conditions are prescribed under CKO Regulations, 2017 and are also available on the website of CKO, further, I / we have no doubt or concern that the terms and conditions shared with me/ us by the Authorized Intermediary are any different from the ones specified in CKO Regulations, 2017 and available an CKO's website.

_____

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

FOR OFFICE USE ONLY

☐ I/we hereby confirm and acknowledge having provided in full the relevant terms and conditions attached as an Annexure to this KYC Application Form to the Customer at the time of filing of this KYC Application Form.

☐ I/we hereby confirm that I/we have informed the Customer at the time of filing this KYC Application Form regarding the availability of these terms and conditions in CKO Regulations, 2017 and on the website of CKO, I / we further confirm and acknowledge that I/we have no doubt or concern that the terms and conditions shared with Customer by me / us are not updated and have any difference when compared with the terms and conditions specified in CKO Regulations, 2017 and available at CKO's website.

_____ _____ _____

Signature of the Authorized Signatory **Date** **Seal/Stamp of the Authorized Intermediary**

* Optional
** IBAN shall be mandatory for all corporate entities except for those which have provided an undertaking for exclusion from IBAN requirement due to any exception available under applicable laws, rules, regulations etc or where permitted by CKO for reasons to be recorded.

TERMS AND CONDITIONS FORMING MANDATORY PART OF KYC APPLICATION FORM FOR INDIVIDUAL AND KYC APPLICATION FORM FOR CORPORATES AS PRESCRIBED UNDER ANNEXURE II AND ANNEXURE III OF THESE REGULATIONS

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. KYC application form shall be submitted electronically for Online Account Opening of Individual Pakistani Customer by Authorized Intermediary that is a Securities Broker.

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 any time 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.

* The terms and conditions will be part of the Online Account Form for Individual Pakistani Customers.

_____	_____	_____
Signature of the Applicant	**Date: (dd/mm/yyyy)**	**Authorized Signatory**

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