



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

**SAHULAT KNOW YOUR CUSTOMER (KYC) APPLICATION FORM**  
(to be combined with Sahulat Account Opening Form)

**(INDIVIDUAL RESIDENT PAKISTANI ONLY)**

(Please use BLOCK LETTERS to fill the form)



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

A. IDENTITY DETAILS OF APPLICANT					
1. Full name of Applicant (As per CNIC/SNIC) Mr. / Mrs. / Ms.					
2. Father's / Husband's Name:					
3. Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married					
4. a. CNIC/ SNIC No:					
b. Expiry date:					
5. Date of Birth					
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*:	
2.(a) Permanent Address: (Mandatory to fill out if different from mailing address)					
		City/Town/Village:	Province/State:	Country:	
C. OTHER DETAILS					
1. Gross Annual Income Details: <input type="checkbox"/> Up to Rs. 100,000 <input type="checkbox"/> Rs. 250,001 - Rs. 500,000					
] [Please tick (✓) the relevant box] <input type="checkbox"/> Rs. 100,001 - Rs. 250,000 <input type="checkbox"/> Above Rs. 500,000					
2. Source of Income:					
3.(a) Occupation: [Please tick (✓) the appropriate box]		<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"/> Govt. /Public Sector	<input type="checkbox"/> Others (Specify)
(b) Name of Employer/Business:			(c) Job Title / Designation:		
(d) Address of Employer/Business:					
D. BANK DETAILS					
Bank Name.:			IBAN No.:		
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 Applicant		Date: _____ (dd/mm/yyyy)		Signature of the Applicant as per CNIC/ SNIC (Only applicable if Applicant signature is different)	
FOR OFFICE USE ONLY					
_____		_____		_____	
Authorized Signatory Intermediary		Date		Seal/Stamp of the Authorized	

\* Optional

\*\* For CNIC/SNIC, Mobile Number is Mandatory and Email is Optional

**EClear Services Limited**

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**EClear Services Limited**

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