



**GENERAL INVESTMENT AND SECURITIES (PRIVATE) LIMITED**  
**PAKISTAN MERCANTILE EXCHANGE (PMEX)**  
 Broker Registration No: 188  
 Registered Broker Securities & Exchange Commission of Pakistan (SECP)  
 Head Office: Office No. 205, 2<sup>nd</sup> Floor, ISE Towers, 55-B Jinnah Avenue, Islamabad  
 Phone no. 051-2894947-9 Website: www.gis.com.pk  
**KNOW YOUR CUSTOMER (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)<br>Mr. / Mrs. / Ms.  |   |   |  |   |   |
| 2. Father's / Husband's Name:  |   |   | 2.b. Mother Maiden 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 |   |   |
| d. Place of Birth  | e. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female            |   |  |   |   |
| 4. a. CNIC/ SNIC/NICOP/ARC/POC No:   |   |   |  |   |   |
| b. Expiry date:  |   | c. issue date:                          | <input type="checkbox"/> Lifetime:   |   |   |
| 5. Passport details:<br><i>(For a foreigner or a non-resident Pakistani)</i>   |   | Passport Number:                        | Place of Issue:  |   |   |
|  |   | Date of Issue:                          | Date of Expiry:  |   |   |
| 6. Date of Birth   |   |   |  |   |   |
| B. ADDRESS DETAILS OF APPLICANT  |   |   |  |   |   |
| 1.(a)Mailing Address: <i>(Address should be different from authorized intermediary business address except for employees of authorized intermediary)</i>   |   |   |  |   |   |
|  |   | City/Town/Village:                      | Province/State:  | Country:                                      |   |
| (b) Tel. (Off.)*:  |   |   | (e) Email*:  |   |   |
| (b) Tel. (Res.)*:  | (f) Fax*:   |   | (d) Mobile**:  |   |   |
| Specify the proof of address submitted for mailing address:  |   |   |  |   |   |
| 2. (a)Permanent Address:<br><i>(if different from above or overseas address, mandatory for Non-Resident Applicant)</i>   |   |   |  |   |   |
|  |   | City/Town/Village:                      | Province/State:  | Country:                                      |   |
| (b) Tel. (Off.)*:  | (c) Tel. (Res.)*:   | (d) Mobile:                             | (e) Fax*:  | (f) 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"/> up to Rs. 100,000 <input type="checkbox"/> Rs. 250,001 - Rs. 500,000 <input type="checkbox"/> Rs. 1,000,001 - Rs. 2,500,000<br><input type="checkbox"/> Rs. 100,001 - Rs. 250,000 <input type="checkbox"/> Rs. 500,001 - Rs. 1,000,000 <input type="checkbox"/> Above Rs 2,500,000 |   |   |  |   |   |
| 2. Source of Income:   |   |   |  |   |   |
| 3. Shareholder's/ Unit Holder's Category: <b>INDIVIDUAL</b>  |   |   |  |   |   |
| 4. (a) Occupation:<br><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"/> Govt. /Public Sector | <input type="checkbox"/> Others (Specify) |
| (b) Name of Employer / Business:<br><i>(Include symbol if employer listed company)</i>   |   |   | (c) Job Title / Designation:   |   | (d) Department:                           |
| (e) Address of Employer / Business:  |   |   |  |   |   |
| D. BANK DETAILS /E WALLET  |   |   |  |   |   |
| Bank / E-Wallet Name:  |   |   |  |   |   |
| IBAN / E-Wallet No.  |   |   |  |   |   |
| Branch Name:   |   |   | Branch Address:  |   |   |
| E-Wallet Provider Name:  |   |   | E-Wallet Number:   |   |   |

**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.

I 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 by the Authorized Intermediary at the time of filing of this KYC Application Form.

hereby acknowledge that I was 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 have no doubt or concern that the terms and conditions shared with me by the Authorized Intermediary are any different from the ones specified in CKO Regulation ,2017 and available an CKO's website.

\_\_\_\_\_  
Signature of the Applicant

Date: \_\_\_\_\_ (dd/mm/yyyy)

\_\_\_\_\_  
Signature of the Applicant as per CNIC/SNIC/NICOP/ARC/POC/Passport No  
(Only applicable if Applicant signature is different)

**FOR OFFICE USE ONLY**

- I 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 hereby confirm that I 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 further confirm and acknowledge that I have no doubt or concern that the terms and conditions shared with Customer by me are not updated and has any difference when compared with the terms and conditions specified in CKO Regulations, 2017 and available at CKO's website.

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

\_\_\_\_\_  
Seal/Stamp of the Authorized Intermediary

\* Optional

\*\* For NICOP/ARC/POC/Passport, Email is mandatory and Mobile Number is Optional. Whereas for CNIC/SNIC, Mobile Number is Mandatory and Email is Optional. In case of SNIC where country of stay is not Pakistan, email will be mandatory.

\*\*\* **IBAN shall be mandatory for all Customers except for those who 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, 2020.
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 Professional Clearing Member or 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 Customer agrees that verification against KYC information provided by Customer and Authorized Intermediaries, shall be performed by CKO as per CKO Regulations and such verifications shall include verification of KYC information through linked services such as RAAST, 1-Link, PMD, NADRA, etc.
10. The Customer agrees that KYC information provided by Customer at the time of on boarding shall be shared with CDC in pursuance of provisions prescribed by the Securities & Exchange Commission of Pakistan with respect to Central Gateway Portal managed by CDC
11. 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.
12. 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.
13. The Customer agrees and affirms that it shall be bound by and acts in accordance with the provisions of the Centralized KYC Organization Regulations
14. 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

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Seal/Stamp of the Authorized Intermediary