

# KNOW YOUR CUSTOMER (KYC) APPLICATION FORM

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

## **INDIVIDUAL**

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



(Form to be filled preferably in BLOCK LETTERS)

KP Securities (Pvt) Limited Office No. 1113-A, 11th Floor, ISE, Tower, 55-B, Jinnah Avenue, Islamabad.

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	Marrie	ed	c. Status:	Re	esident		Non-Resident
4. a. CNIC/ SNIC/NICOP/ARC/POC No:									
b. Expiry date:									
5. Passport details:	Passport Number:				Place of Is	ssue:			
For a foreigner or a non-resident Pakistani)	Date of Issue:				Date of Ex	xpiry:			
6. Date of Birth									
B. ADDRESS DETAILS OF APPLICANT									
1.(a)Mailing Address: (Address should be different from authorized in	termediary husiness addre	ess excent for	emplovees o	f auth	orized interme	ediary)			
and the angeren from authorized the	City/Town/Village:	1 0	ovince/State		orizea inierme	aidi y)	Coun	try:	
(b) Tel. (Off.)*: (c) Tel. (Res.)*:	(d) Mobile**:	(e	) Email**:				(f) Fa	_	
Specify the proof of address submitted for ma	ailing address:								
2. (a)Permanent Address:									
	ce/State:	Country:							
(if different from above or overseas address, ma (b) Tel. (Off.)*: (c) Tel. (Res.)*:	(d) Mobile:	Аррисапі)	(e) Fa	ax*·			(f) En	nail (	(If any):
Specify the proof of address submitted for pe			(0) 17	4/1 r			(1 <i>)</i> 1-11	(	, w.i.j /·
C. OTHER DETAILS									
1. Gross Annual Income Details (please spec	cify): Below Rs. 1	00.000		Rs 2	50.001 - Rs. 5	00,000			Rs. 1,000,001 - Rs. 2,500,000
1. Gross Amidai Income Details (please spec	• /	- Rs. 250,000			00,001 - Rs. 1	,			Above Rs 2,500,001
									, ,
2. Source of Income:									
3. Shareholder's/ Unit Holder's Category:			INDIV	IDUA	L				
4. (a) Occupation:	Agriculturist	Busines	S		HouseWife				Household
[Please tick ( 🗸 ) the appropriate	Retired Person	Student			Business Exe	ecutive			Industrialist
box]	Professional	Service			Govt. /Public	Sector			Others (Specify)
(b) Name of Employer / Business:		(c) Job	Title / Desig	nation	1:		(d) Depa	rtme	nt:
(Include symbol if employer listed company) (e) Address of Employer / Business:									
D. BANK DETAILS									
Bank Name:			IBAN No.						
Bank Name: Branch Name: Branch Address:									
E. DECLARATION			Drunen 7 k	aaress	· <u>·</u>				
I hereby confirm that all the information	a furnished above is true	and correct to	the best of	my k	nowlodgo and	l holiof ar	ad Lundo	rtak	o to inform you of any changes
therein, immediately. In case any of the									
I hereby, unconditionally and irrevocab					-	-	-		
**	•••	_	-						
Annexure to this KYC Application Form duly provided to me by the Authorized Intermediary at the time of filing of this KYC Application Form.  — I 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 Regulations, 2017 and available an CKO's website.									
Signature of the Applicant Date:	(dd/m	m/yyyy)	Signature						COP/ARC/POC/Passport No^
EOD OFFICE LIGE ON W				(	Only applicab	ole if App	licant sig	gnati	ure is different)
FOR OFFICE USE ONLY			1 11				.1.1.101		
- 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.	,						-5		
Authorized Signatory	_	Da	ite		Se	al/Stamr	of the A	Auth	orized Intermediary
The terms and conditions will be part of the Online A									

<sup>\*</sup> 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.

<sup>\*\*\*</sup> 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.

#### ANNEXURE - IIIA

# TERMS AND CONDITIONS FORMING MANDATORY PART OF KYC APPLICATION FORM FOR INDIVIDUAL 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	l conditions	shall t	oe gov	erned b	y the I	laws of	Pakistan.
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Signature of the Applicant	Authorized Signatory

**EClear Services Limited** 

CDC House, 99 – B, Block – B, S.M.C.H.S., Main Shahra-e-Faisal, Karachi. - 74400 021-111-111-500, 080023275 info@eclear.com.pk **EClear Services Limited** 

Mezzanine Floor, South Tower, LSE Plaza, 19<sup>th</sup> Khayaban-e-Aiwan -e-Iqbal, Lahore. 042-36302771-2 info@eclear.com.pk **KP Securities (Pvt) Limited** 

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