C
EClear

## 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)



CDC H	r Services Limited louse, 99-B,		( <u>- 011111</u>	ee jiinea prejeraory ii	<u>, pho chi h</u>			Margalla Financial (Pvt.) Limited Building No. 172, Street No. 20, Sector G - 10/2,	
Block B, S.M.C.H.S.,Sector G = 10/2,Main Shahrah-e-Faisal, Karachi.Islamabad.									
A. REGISTRATION (AND OTHER) DETAILS OF CUSTOMER									
1. Full n	name of Customer (As per	constitutive de	ocuments)						
2. Date	of Incorporation:			3. Incorporation N	umber:	4. Plac	e of Incorporat	ion:	
5. Date of Commencement of Business:				<b>6. National Tax No</b> . (For exempted entities, supporting document should be provided)/Letter of Undertaking, where entities opt not to obtain NTN)					
7. Indus	stry / Sector:				•		-		
8. Regis	tration Number / Unique	Identification	Number ("UIN"):						
	ils of Contact Person of the only be an authorized rep		he Customer)						
(a) Name Mr./Mrs./Ms.:									
(b) Asso	ociation of the Attorney w	ith the Custome	er:						
(c) Add	ress:								
(d) CNIC/SNIC/NICOP/ARC/POC No:									
(e) Expi	iry date of CNIC/SNIC/NI	date of CNIC/SNIC/NICOP/ARC/POC:		(f) Designation of the official:					
(g) Tel.	(Off.)*:	(h) Mobile:		(i) Fax*:		(j) E-mail:			
· /	ssport details: eigner or a non-resident Pakistani)	Passport No:		Place of issue:		Date of Issue:	Date of Expi	ry:	
B. ADDRESS DETAILS OF CUSTOMER									
1.(a)Ma	ailing Address:			1					
City/To	ity/Town/Village:			Province/State:		Country:	y:		
(b) Tel. (Off.): (c) Mobile*:			(d) Fax*:		(e) Email:	(e) Email:			
Specify	the proof of address sub	mitted for mail	ing address:						
2. (a)Re	gistered Address:								
City/Town/Village:			Province/State:		Country:				
(b) Tel.	o) Tel. (Off.): (c) Mobile*:			(d) Fax*:		(e) Email:			
Specify the proof of address submitted for registered address:									
C. OTHE	ER DETAILS								
1. Expe	cted Annual Income:								
2. Net-equity / net-assets as on (date): ()									
			Investment	Company		Modaraba			
			Insurance C		The second se				
3. Share	eholder's Category:		Charitable T			Cooperative Socie	· · · ·		
	tick ( $\checkmark$ ) the appropriate b	lxo	Leasing Cor			Mutual Fund			
•		-		Bank/Financial Institution		Other (Please specify)			
			Joint Stock	Company					
D. BANI	K DETAILS		Į	1 2					
Bank N				IBAN No:					
Branch Name:				Branch Address:					
E. DECLARATION									
I / we imme	hereby confirm that all the in diately. In case any of the abo	ve information is	found to be untrue or fa	alse or misleading or misl	representing, I	/we am aware that I/	we may be held lia	ble 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.								
Application Form duly provided to me/ us by the Authorized Intermediary at the time of thing 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.									
		_							
ignature	e of the Authorized Perso	n			Date:		(dd/mm/yyyy)		
OR OFFI	ICE USE ONLY								
KYC	C Application Form.							to the Customer at the time of filing of this	
on th		ther confirm and	acknowledge that I/we	have no doubt or concer-	n that the term	is and conditions sha		conditions in CKO Regulations, 2017 and r by me / us are not updated and have any	

\* 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

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 Date: (dd/mm/yyyy)

# EClear Services Limited

Mezzanine Floor, South Tower, LSE Plaza, 19 – Khayaban-e-Aiwan -e-Iqbal, Lahore. 042-36302771-2 info@eclear.com.pk **Authorized Signatory** 

Margalla Financial (Pvt.) Limited

Building No. 172, Street No. 20, Sector G - 10 / 2, Islamabad. 051 - 2152148, 8487618 margalla.financial@gmail.com