

[TREC Holder Name]

[TREC Holder Address]

KNOW YOUR CUSTOMER (KYC)/APPLICATION FORM FOR  
SAHULAT ACCOUNT/SIMPLIFIED KYC

## Individual

(Please use BLOCK LETTERS to fill the form)

**Note:** This form is only for opening Sahulat Accounts for INDIVIDUALS who wish to undergo simplified KYC. Such accountholders may keep custody of securities worth Rs. 500,000 or less and shall not in a given day buy or sell securities worth more than Rs. 500,000, i.e. gross trading in a day cannot exceed Rs. 1 million while net trading may be Rs. 500,000 or less.

<b>A. IDENTITY DETAILS OF APPLICANT</b>									
1. Full name of Applicant (As per CNIC/SNIC/NICOP/ARC/POC) Mr. / Mrs. / Ms.									
2. Father's / Husband's 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					
4. a. CNIC/ SNIC/NICOP/ARC/POC No:									
b. Expiry date:									
5. Date of Birth:									
<b>B. ADDRESS DETAILS OF APPLICANT</b>									
1.(a) Mailing Address: (Address should be different from TREC holder business address except for employees of TREC holder)									
		City/Town/Village:		Province/State:		Country:			
(b) Tel. (Off.):*		(c) Tel. (Res.):*		(d) Mobile:		(e) Email*:		(f) Fax*:	
2. (a) Permanent Address: (if different from above or overseas address, mandatory for Non-Resident Applicant)									
(b) Tel. (Off.):*		(c) Tel. (Res.):*		(d) Mobile (Applicant or Attorney):		(e) Fax*:		(f) Email (If any):	
<b>C. OTHER DETAILS</b>									
1. Gross Annual Income Details (please specify): <input type="checkbox"/> Below Rs. 100,000 <input type="checkbox"/> Rs. 250,001 - Rs. 500,000 <input type="checkbox"/> Rs. 1,000,001 - Rs. 2,500,000 <input type="checkbox"/> Rs. 100,001 - Rs. 250,000 <input type="checkbox"/> Rs. 500,001 - Rs. 1,000,000 <input type="checkbox"/> Above Rs 2,500,001									
2. Source of Income:									
3. Shareholder's Category: <b>INDIVIDUAL</b>									
4. (a) Occupation: [Please tick (✓) the appropriate box]		Agriculturist		Business		Housewife		Household	
		Retired Person		Student		Business Executive		Industrialist	
		Professional		Service		Govt. /Public Sector		Others (Specify)	
(b) Name of Employer / Business:				(c) Job Title / Designation:					
(d) Address of Employer / Business:									
<b>D. BANK DETAILS</b>									
Bank Name:				Account No.:					
Branch Name:				Branch Address:					
<b>E. CUSTODY, CLEARING AND SETTLEMENT AGENT</b>									
Primary Service Provider		<input type="checkbox"/> National Custodial Service (NCCPL)		<input type="checkbox"/> Direct Settlement Service (CDC)		<input type="checkbox"/> Professional Clearing Member: <i>please specify</i>			
Investors not wishing to use one of the Primary Service Providers <i>must</i> strike out the preceding field, sign here and choose one of the Other Service Providers.									
Other Service Provider		<input type="checkbox"/> Securities broker (Trading & Self-Clearing)		<input type="checkbox"/> Securities Broker (Other Trading and Clearing): <i>please specify</i>					
<b>F. DECLARATION</b>									
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/NICOP/ARC/POC (Only applicable if Applicant signature is different)					
<b>FOR OFFICE USE ONLY</b>									
Authorized Signatory				Date		Seal/Stamp of the Authorized Intermediary			

\* Optional

## Enclosures

- Copies of CNIC, SNIC, NICOP, ARC or POC.
- Power of attorney, where applicable, along with contact details of the attorney.