



MEMON SECURITIES (PVT.) LIMITED

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KNOW YOUR CUSTOMER (KYC) APPLICATION FORM

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

(Form to be filled preferably in BLOCK LETTERS)

A. IDENTITY DETAILS OF APPLICANT			
1. Full name of Applicant (As per CNIC/SNIC/NICOP/ARC/POC/Passport [^]) Mr. / Mrs. / Ms.			
2. a. Father's / Husband's Name:		2. b. Mother's 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: [^] (For a foreigner or a non-resident Pakistani)			
Passport Number:		Place of Issue:	
Date of Issue:		Date of Expiry:	
6. 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**:
Specify the proof of address submitted for mailing address [^] :			
2. (a)Permanent Address:			
City/Town/Village:		Province/State:	Country:
(Mandatory, if different from above or overseas address.)			
(b) Tel. (Off.)*:	(c) Tel. (Res.)*:	(d) Mobile:	(e) 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"/> 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. (a) Occupation:			
[Please tick (✓) the appropriate box]			
<input type="checkbox"/> Agriculturist		<input type="checkbox"/> Business	<input type="checkbox"/> Housewife
<input type="checkbox"/> Retired Person		<input type="checkbox"/> Student	<input type="checkbox"/> Business Executive
<input type="checkbox"/> Professional		<input type="checkbox"/> Service	<input type="checkbox"/> Govt. /Public Sector
<input type="checkbox"/> Others (Specify)			
(b) Name of Employer / Business: (Include symbol if employer listed company)		(c) Job Title / Designation:	(d) Department:
(c) Address of Employer / Business:			
D. BANK DETAILS/ E-WALLET			
Bank / E-Wallet Name:			
IBAN / E-Wallet No.			
Bank Name:		IBAN No.:	
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.			
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.			

<u>Signature of the Applicant</u> No^	Date: _____ (dd/mm/yyyy)	<u>Signature of the Applicant as per CNIC/SNIC/NICOP/ARC/POC/Passport</u> <i>(Only applicable if Applicant signature is different)</i>
FOR OFFICE USE ONLY		
<p>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.</p> <p>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.</p>		
_____ 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, however, in case of online account opening, both mobile number and email address are mandatory for resident individual Pakistani customers. In case of SNIC where country of stay is not Pakistan, email will be mandatory.

*** IBAN / E-Wallet Number 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 & 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 time lines 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 Data base 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.

Signature of the Applicant		
Signature: ✕	Date:	

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 its hall 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		
Signature: ✕	Date:	

F. Amount to be invested in Stock Market- (PSX)

Rs.

G. Obtain photograph (latest or not more that six month old)

H. Countries where you visited in last two years (√) Yes No

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QUESTIONS-SDD	RESPONSE/REMARKS
What is the purpose of opening this brokerage account?	
Who is the beneficial owner of this account? If the beneficial owner is other than yourself. Provide his Name, CNIC & Relationship with you.	
What is your educational qualification?	
What is your previous experience of investing in stock market?	
If the account is held jointly, what is the percentage of sharing of each?	
Have you ever been refused account opening by another Brokerage House	
QUESTIONS-CDD	
Are you a Resident Pakistani(RP) or Non-Resident Pakistani(NRP)	
Countries of which you are resident other than Pakistan.	
The countries of which you are national.	
The country/ countries of which you are taxpayer	
Are you a US Citizen or Green Card Holder?	
What is your TIN#/ Social Security No. in US	
Are you based in or linked to high risk jurisdictions as per FATF?	
Are you based in or linked to U.N. sanctioned countries?	
Are you based in or linked to offshore centers or tax havens?	
Are you or near relative/associate of a Politically Exposed Person (PEP). PEP includes politicians, top bureaucrats: judicial, civil and military officers	
Do you deal in gold, diamonds & other high value items?	
QUESTIONS-EDD	
What is your annual (actual/ estimated) income?	
How much liquid funds are available with you?	
Are you a tax filer? If yes, please provide the following: i) Your latest Tax Return ii) Your latest Wealth Statement	
What are the sources of above funds? In the absence of tax record can you please furnish evidence of sources of your funds by providing the following: i) An explanatory note giving details of sources ii) Evidence of savings, loans, gifts, inheritance, sale of property etc.	
ANY OTHER INFORMATION OR DETAILS YOU MAY LIKE TO SHARE WITH US	

I further certify that any change in my sources of Income, Funds, Nationality, Tax Residence Status and or other changes affecting my profile shall be intimated to your office, along with the evidence immediately.

I hereby certify that whatever stated above is correct to the best of my knowledge and belief.

Signature of the Applicant		
Name:	Signature: <input type="text"/>	Date:

Documents Required for KYC(Know Your Client)Form

1. Copies of CNIC, SNIC, NICOP, ARC, POC and/or passport where applicable.
2. Proof of mailing/ permanent address.

Note: In case the address provided is same as in CNIC, no additional document is mandatory. In other cases, any of the following documents shall be obtained: Utility bills; rental agreement; Bank Statement; insurance policy.

3. Proof of Source of Income/Fund.(Evidence of Hard Copy)
(If you are not covered by the below given Occupations please specify yours & provide related evidence.)

3.I SALARY PERSON

- a. Certificate from the employer.
- b. Pay/Salary Slip.
- c. National Tax Number–NTN Certificate/FBR Return Copy (optional).
- d. Visiting Card.
- e. Last Three Month Bank Statement.

3.II BUSINESS PROFESSION-SOLE PROPRIETORSHIP

- a. Formal request to open a brokerage account on the Business Letter Head.
- b. Copy of registration certificate or proof that the business is registered with Government/any other authority, Professional Tax Dept., Chamber of Commerce, PMDC, Income Tax Dept., etc.
- c. National Tax Number–NTN Certificate/FBR Return Copy (optional).
- d. Visiting Card.
- e. Last Three Month Bank Statement.

3.III BUSINESS PARTNERSHIP

- a. Formal request to open a brokerage account on the Business Letter Head.
- b. Copy of partnership deed.
- c. Copy of registration certificate or proof that the business is registered with Government/any other authority, Professional Tax Dept., Chamber of Commerce, PMDC, Income Tax Dept., etc.
- d. National Tax Number–NTN Certificate/FBR Return Copy.
- e. Visiting Card.
- f. Last Three Month Bank Statement.

3.IV STUDENT.

- a. Proof of being student eg. Student ID card, Enrolment Letter etc.
- b. Proof of source of funds (personal savings, inheritance, gifts etc.).
- c. *Student shall be required to provide a Self Declaration for source and beneficial ownership of funds.
- d. Last Three Month Bank Statement.

3.V HOUSEWIFE & HOUSEHOLD.

- a. Personal savings, inheritance, marriage and other gifts etc.
- b. *House Wife/House hold shall be required to provide a Self Declaration for source and beneficial ownership of funds.

3.VI AGRICULTURIST

- a. Proof of ownership of land (jamabandi etc or computerized record) as maintained by Revenue Authorities or
- b. Certificate of local Revenue Authorities (Patwari) regarding total land holding and estimated annual income from the said land.
- c. Agriculturist shall be required to provide a Self Declaration for source.

3.VII RETIRED PERSON

- a. Retirement & P.F Letter or Saving Proof
- b. Last Three Month Bank Statement.

* [TO BE PRINTED ON Rs.100/= STAMP PAPER (DULY NOTARIZED)]

UNDERTAKING BY BENEFICIAL OWNER OF CLIENT

I, Son of/daughter of/wife of Bear in
g CNIC NO: Hereby confirm that

Mr./Mrs./Ms/Mst. holding CNIC NO:

..... is my in relationship and I am supporting him/herto open and maintain Equity/Commodity trading

account No and CDC Sub Account No with Memon Securities (Pvt.) Ltd, TREC

Holder, Pakistan Stock Exchange, Karachi, Pakistan.

Signature of Beneficial Owner:

Name of Beneficial Owner:

Relationship with Account Holder:

Residential Address of Beneficial Owner:

Email of Beneficial Owner:

Mobile No of Beneficial Owner:

Copy of valid CNIC of Beneficial Owner must be attached