



Time Securities (Pvt.) Ltd.

**TREC HOLDER / BROKER
PAKISTAN STOCK EXCHANGE LIMITED**

SUB-ACCOUNT OPENING FORM FOR INDIVIDUALS

NAME

TRADING A/C NO.

CDC SUB A/C NO.

05116 -

IAS A/C NO.



Time Securities (Pvt.) Ltd.

TREC HOLDER / BROKER: PAKISTAN STOCK EXCHANGE LTD.

TRADING A/C NO.

CDC PARTICIPANT I.D

05116

CDC SUB A/C NO.

IAS A/C NO.

Speciment Signature(s)

TITLE OF ACCOUNT _____ TEL: _____

Account to be operated

Singly ☐

Jointly ☐

Company ☐

Firm ☐

Name
Signature

Name
Signature

Name
Signature

Name
Signature

Above Signature verified by (NAME) _____ Signature _____

Admitted by (Signature) _____ Date _____

ENCLOSURES

(FOR INDIVIDUALS):

1. Attested copies of National Identity Card of the applicant.
2. Attested copies of National Identity Card of the Joint Holders and or Nominee(s) (if applicable)
3. Attested copies of passports of the applicant, Joint Holders and or Nominee(s) (in case of non-residents)
4. Copy of the letter of authorization from the Account Holder(s) of the person authorized to trade in my/our accounts (if other than the account holder).
5. Alist of Transaction fee, Commission to be charged by the Broker and other CDC charges to be levied.
6. Bank verification on Page no. 10.
7. E-mail Address / Landline No./Mobile No. are compulsory.
8. Mother maiden Name Compulsory Sub A/C on Page No. 9.
9. 9 Witness CNIC Copy Page No. 05 & 14.
10. Zakat Declaration form (C-Z 50).
11. NTN Certificate copy optional.

ENCLOSURES (FOR CORPORATE ENTITIES):

1. Certified true copy of Board Resolution (specimen provided as per Annexure 'A')
2. Certified true copies of Memorandum & Articles of Association.
3. List of authorized signatories.
4. List of nominated persons allowed to place orders.

NOTE

1. Each and every column must be filled in Block Letters.
2. Columns which are not applicable should be market "NA" and also initiated.
3. Each Page of this form will be duly signed by the Account Holder (s) and the Broker.
4. Make Cheques Payable to Time Securities (Pvt.) Ltd.
5. Main Applicant will Sign at all Steric * Marks.
6. Joint Applicant will Sign at all Right ✓ Marks.



Time Securities (Pvt.) Ltd.

***TREC HOLDER
PAKISTAN STOCK EXCHANGE LIMITED***

UNDERTAKING

I, _____ A/c _____ the customer, hereby acknowledge that I have received this Risk Disclosure Document and have read and understood the nature of all risks and other contents and information provided in this document.

Date: _____

Signature of Broker

Signature of Account Holder

Signature of Joint Account Holder (1)

Signature of Joint Account Holder (2)

Signature of Joint Account Holder (3)

HEAD OFFICE

**Room No. 98-99, 2nd Floor, Stock Exchange Building, Stock Exchange Road, Karachi-74000
Tel: 021-32427056, Fax: 021-32427055, E-mail: timekse@hotmail.com Website: www.timesec.pk**

BRANCH OFFICE

Mezzanine Floor, Umair Arcade 9/41, Risala Road, Saddar, Hyderabad.



Time Securities (Pvt.) Ltd.

TREC HOLDER / BROKER: PAKISTAN STOCK EXCHANGE LTD.

Subject to Rules & Regulations of Pakistan Stock Exchange Ltd.

Head Office: 98-99, 2nd Floor, Stock Exchange Building, Stock Exchange Road, Karachi-74000

Tel: 32427056, 32428918 E-mail: timekse@hotmail.com, Website: www.timesec.pk

Branch Office: Mezzanine Floor, Umair Arcade 41/199, Risala Road, Saddar, Hyderabad.

Nature of Account

[Please tick (✓) appropriate box]

Nature of Account	Single ☐	Joint ☐
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(Please use BLOCK LETTERS to fill the form)

A - MAIN APPLICANT

1. Name / Title of Account (as per CNIC):														
2. Father's / Husband's Name:														
3. Date of Birth:														
4. Nationality:														
5. Permanent Address:														
6. Mailing Address:														
7. Computerized National Identity Card No: In case of non-resident, please provide passport copy and No.														
8. NTN No. (optional)														
9. (a) Office Tel:					(b) Home Tel:					(c) Mobile:				
(d) Fax No.					(e) E-mail:					(f) Occupation:				
(g) Status: Resident ☐ Non - Resident ☐										(h) Gender: Male ☐ Female ☐				
PASSPORT No.:					Place of Issue					Date of Issue				

B- JOINT APPLICANT

1. Name / Title of Account (as per CNIC):														
2. Father's / Husband's Name:														
3. Date of Birth:														
4. Nationality:														
5. Permanent Address:														
6. Mailing Address:														
7. Computerized National Identity Card No: In case of non-resident, please provide passport copy and No.														
8. NTN No. (optional)														
9. (a) Office Tel:					(b) Home Tel:					(c) Mobile:				
(d) Fax No.					(e) E-mail:					(f) Occupation:				
(g) Status: Resident ☐ Non - Resident ☐										(h) Gender: Male ☐ Female ☐				
PASSPORT No.:					Place of Issue					Date of Issue				

C- JOINT APPLICANT

1. Name / Title of Account (as per CNIC):														
2. Father's / Husband's Name:														
3. Date of Birth:														
4. Nationality:														
5. Permanent Address:														
6. Mailing Address:														

7. Computerized National Identity Card No: In case of non-resident, please provide passport copy and No.								—									—	
8. NTN No. (optional)										—								
9. (a) Office Tel:		(b) Home Tel:							(c) Mobile:									
(d) Fax No.		(e) E-mail:							(f) Occupation:									
(g) Status: Resident ☐ Non - Resident ☐										(h) Gender: Male ☐ Female ☐								
PASSPORT No.:				Place of Issue						Date of Issue								
D- JOINT APPLICANT																		
1.Name / Title of Account (as per CNIC):																		
2. Father's / Husband's Name:																		
3. Date of Birth:																		
4. Nationality:																		
5. Permanent Address:																		
6. Mailing Address:																		
7. Computerized National Identity Card No: In case of non-resident, please provide passport copy and No.									—									—
8. NTN No. (optional)										—								
9. (a) Office Tel:		(b) Home Tel:							(c) Mobile:									
(d) Fax No.		(e) E-mail:							(f) Occupation:									
(g) Status: Resident ☐ Non - Resident ☐										(h) Gender: Male ☐ Female ☐								
PASSPORT No.:				Place of Issue						Date of Issue								
Declaration of Solvency																		
The company i.e. (the Account Holder) hereby declares that:																		
(a) It has not applied to be adjudicated as an insolvent and that it has not suspended payment and that it has not compounded with its creditors																		
(b) it is not un-discharged insolvent; and																		
(c) it has not been declared defaulter in repayment of loan(s) of a banks / financial institutions.																		
The authority of the Person (s) authorized to operate the Account will be clearly spelled out in the letter of authorization from the Account Holder.																		
Name of Authorized Persons to Operate the Account																		
The Account shall be operated by the following:																		
Names		Designation		Singly / Jointly		Specimen Signature				Other Instructions								
(a)																		
(b)																		
(c)																		
(d)																		
(e)																		
MARGIN IDEPOSIT																		
The Account Holder(s) hereby undertakes to deposit and maintain ____% margin against his/her/their outstanding trades/exposure for the purpose of trading in his/her/their account. The broker shall notify the Account Holder(s) about any change in the above margin requirements for the already executed trades at least 3 day prior to implementation of the revised margin requirements.																		
CONFIRMATION STATEMENT TO BE DELIVERED:																		
BY POST ☐						BY FAX ☐						BY E-MAIL ☐						

_____ For and behalf of Time Securities (Pvt) Ltd	* _____ Main Applicant	✓ _____ Joint Applicant 1	✓ _____ Joint Applicant 2	✓ _____ Joint Applicant 3
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Additional Information to be provided by Account Holder - Optional**Bank Details****Accounts With Other Brokers**

Name & Address of Bank(s)	Saving/Current Account #	Name of Broker(s)	Member Exchange	Client ID/Account

C - NOMINEE DETAILS

In the event of death of the Account Holder, the Nominee shall be entitled to receive securities/cash available in the account of the Account Holder after set-off against losses and liabilities in the account. In case of Joint Account, the survivor shall be entitled to receive securities/cash available in the account of the Account Holders, after set off /adjustment against losses and liabilities in the account.

1. Name of Nominee:**2. Father's / Husband's Name:****3. Relationship with A/c Holder:****4. Computerized National Identity Card No:***in case of non-resident, please provide passport copy and No.***5. Date of Birth (DD/MM/YYYY):****6. Postal Address:****7. E-mail:****8. Tel:****IMPORTANT**

Please read and understand the Terms and Conditions before signing and executing this form

SPECIAL TERMS AND CONDITIONS

The terms and conditions set herein below shall be equally binding on the Broker and the Account Holder(s).

- All transactions between the parties shall be subject to the Atricles, Rules and Regulations of the Exchange, revised policies, Board Directions and new regulations to be framed in pursuance of Section 34 of the Securities & Exchange Ordinance, 1968. Moreover, all applicable provisions of the Securities & Exchange Ordinance, 1969 read with the Securities & Exchange Commission of Pakistan Act, 1997, Brokers and Agents Registration Rules, 2001, Securities and Exchange Rules 1971 and all directions/directives passed from time to time to regulate the trades between the parties and to regulate Brokers conduct and the Central Depository Companies of Pakistan Act, 1997, Rules framed there under and the National Clearing and Settlement System Regulations and any other law for the time being in force. The Broker shall ensure provisions of copies of all the above Laws, Rules and Regulations at his office for acerss to the Account Holder(s) during working hours.
- (a). In case any dispute in connection with the trade or transaction between the Broker and the Account Holder is not settled amicably, either party may reter the same to arbitration in accordance with the provisions of General Regulations of the Exchange, which shall be binding on both the parties. The Account Holder Hereby agrees that he would have no objectino if his name and other relevant particulars are placed on Exchnage's datablase accessible by members of the Exchange if he fials or refuses to abide by or carryout andy arbitration award passed against him in his dispute with the Broker.
- The amount deposited as seurity margin by the Account Holder(s) with the Broker shall only be used for the purposes of dealing in securities, such as fading and/or settlement of deliveries of securities on behalf of the Account Holder(s) The Borker shall not use such amounts for his own use.
- (a). The credit amount of the Account Holder(s) shall be kept by the broker in a separate bank account titled "Account Holder / Client Account" and shall not be used by the broker for his own busines.
- The Broker shall be authorized to act on the verbal instructions of the Account Holder(s). The Broker shall provide a written confirmation of the executed transactions as required under rule 4(4) of the Securities & Exchange Rules, 1977, and all

For and behalf of Time Securities (Pvt) Ltd

*

Main Applicant

✓

Joint Applicant 1

✓

Joint Applicant 2

✓

Joint Applicant 3

- 3(a). transactions recorded by the Broker in his books shall be conclusive and binding upon the Account Holder(s), which shall not be questioned by him/her/them, subject to clause 5 below.

Or

The Account Holder(s) shall give written instructions for the sale/purchase of securities to the Broker. The Account Holder(s) shall not give any verbal/oral instructions. The Broker shall provide a written confirmation of the executed transactions as required under rule 4(4) of the Securities & Exchange Rules, 1971, and all such transactions recorded by the Broker in his books shall be conclusive and binding upon the Account Holder(s), which shall not be questioned by him/her/them. subject to clause 5 below.

4. The Broker shall provide the confirmation of the executed transactions to the _____ (Name of Account Holder) at the above stated address by means of acceptable mode of communication or by hand subject to acknowledgment receipt as noted in clause 16.
5. In case there are any error(s) in the daily confirmation statement, the Account Holder(s) shall report the same to the Broker within one-business day of the receipt of confirmation. in case the Account Holder(s) do not respond within one business day of the receipt of the said daily confirmation statement, the confirmation statement shall be deemed conclusively accepted by the Account Holder(s).
6. In the event that the Account Holder(s) fail(s) to deposit additional cash or securities as margin within one business day of the margin call (in writing), the Broker shall have absolute discretion to and, without further notice to Account Holder(s), liquidate the Account Holder(s) outstanding positions, including the securities purchased and carried in such account, so that the margin is maintained at the required level.
- 7(a). The Broker shall be responsible to ensure delivery of CDC eligible securities in the CDC account of the Account Holder(s) subject to full payment by the Account Holder(s). in case of companies which are not on the CDS, the Broker shall ensure delivery of physical shares along with verified transfer deeds against payments, to the Account Holder(s). Further, the Broker shall be responsible for the payment of any credit cash balance available in the account of the Account Holder preferably in form of A/c Payee cross cheque only within 1 business day of the request of the Account Holder(s) (subject to the maintenance of the margin requirements)
- (b) In the event of non-receipt of payment from the Account Holder on settlement day against securities bought on account of the Account Holder, the Broker may transfer such securities to his Collateral Account under intimation to the Exchange, after complying with the requirements as mentioned in the General Regulations of the Exchange.
8. The Broker shall accept from the Account Holder(s) payments through "A/c Payee Only" crossed cheque, bank drafts, pay orders or other crossed banking instruments in case of amounts in excess of Rs. 25,000/- Electronic transfer of funds to the Broker through banks would be regarded as good as cheque. The Broker shall be responsible to provide the receipt to the Account Holder(s) in the name of the Account Holder(s) duly signed by authorized agents/employee of the Broker and the Account Holder(s) shall be responsible to obtain the receipt thereof. In case of cash dealings, proper receipt will be taken and given to the Account Holder(s), specifically mentioning if payment is for margin or the purchase of securities. The broker shall immediately deposit in its bank account all cash received in whole i.e. no payments shall be made from the cash received from clients. However, in exceptional circumstances, where it becomes necessary for Broker to accept cash in excess of Rs. 25,000/-, the Broker shall immediately report within one business day such instances with rationale thereof to the Exchange in accordance with the mechanism prescribed by the Exchange.
9. The members shall make all the payments of Rs. 25,000/- and above, through crossed cheques / bank drafts / pay orders or any other crossed banking instruments showing payment of amount from their business bank account. Copies of these payment instruments including cheques, pay orders, demand drafts and online instructions shall be kept in record for a minimum period of five years.
10. The Account Holder(s) shall have a right to obtain a copy of his/her or their ledger statement under official seal and signature of the Broker or his authorized representative on a periodic basis. In case of any discrepancy in the ledger statement, the Account Holder(s) shall inform the Broker within 1 day of receipt of the ledger statement to remove such discrepancy.
11. The Account Holder(s) shall operate the account and execute transactions himself/herself/themselves unless the Account Holder(s) authorize Mr./Ms./_____ I. D. No. _____ to transact in the account. All transactions executed by the authorized person shall be binding upon the Account Holder(s).
12. For Joint Account Holder(s) only:
We, the Account Holders shall operate the account jointly or severally and the instructions issued either jointly or severally shall be binding on us as well as upon the broker respect of the joint titled account.

Or

Our titled account shall be operated only by _____ who shall be deemed as the authorized person for operating the joint account or issuing any instructions relating there to.

13. The Broker shall be responsible to append a list of his authorized agents/traders and designated employees, who can deal with the Account Holder(s), with this account opening form and a copy of both the opening form and the list will be provided to the Account Holder(s) Any change therein shall be intimated in writing to the Account Holder(s) with immediate effect.
14. The Broker shall debit the account of the Account Holder(s) for the commission charges or any other charges in connection with the brokerage services rendered, which shall be clearly detailed in the ledger statement/daily confirmations.
15. The Broker shall not disclose the information of the transactions of the Account Holders to any third party and shall maintain the confidentiality of this information. However, in case the Exchange or the Commission, as the case may be, requires any such information, the Broker shall be obliged to disclose the same for which the Account Holder(s) shall not raise any objection whatsoever.
16. In case a Broker converts his individual membership rights to corporate membership and vice versa the agreement and conditions laid down herein above shall remain effective unless otherwise agreed by the parties.
17. Acceptable mode of communication between the Account Holder(s) and the Broker shall be through letter (courier/registered post/fax/E-mail) or by hand subject to receipt/acknowledgment. The onus of proving that the e-mail has been received by the recipient shall be on the sender sending the e-mail. Confirmation of orders to clients made through fax or e-mail will have a time record.
18. All orders received telephonically and placed on KATS shall be supported by recording on dedicated telephonic lines, preferably connected with a computerized taping system so as the orders could possibly be sorted on UIN basis and made user friendly.
19. In case of change of address or contact numbers of either party, the concerned party shall immediately notify the other party of the changes in writing.
20. I/We, the Account Holder(s) acknowledge receipt of this account opening form (signed here by me/us in duplicate) along with the copies of all the annexures and I/we, the Account Holder(s) also undertake that I/we have understood all the above terms and conditions of this agreement which are acceptable to me/us.
21. I/We, the Account Holder(s) understand that the shares trading business carries risk and subject to the due diligence on part of the broker I/we may incur losses for which I/we, the Account Holder(s) shall not hold the Broker responsible.
22. I/We, the Account Holder(s) further confirm that all information given in this application is true and complete and hereby authorize the Broker to verify and information mentioned above.

FOR AND ON BEHALF OF BROKER

Name:

Signature:

Designation:

WITNESSES

1. Name:

Signature:

CNIC No:

2. Name:

Signature:

CNIC No:

For and behalf of Time Securities (Pvt) Ltd

*
Main Applicant

✓
Joint Applicant 1

✓
Joint Applicant 2

✓
Joint Applicant 3

LETTER OF AUTHORITY

I want to inform you that I maintain a Sub Account under your **Participant** Account No. **05116** for custody of my shares. I am often busy and cannot instruct you directly on the telephone or otherwise.

I, therefore, authorize Mr. / Ms _____,

S/D/W/O _____ NIC No _____,

To convey my instructions to you among others on the following matters:

- 1) to place orders for purchase / sale of shares of various companies at various rates.
- 2) to sign confirmation statement of various trades carried out on my behalf during the period.
- 3) to receive A/c payee cheques in my name from you and make payments on my behalf in cash or by cheques.
- 4) to receive original / copies of Bills, Proceeds and Difference Bills and copies of Account Statements on my behalf.

You will be fully indemnified, for all acts and omissions done, on behalf of my authorized person whose instructions shall be deemed as my instructions.

Yours sincerely,

Name: _____ Signature ✓ _____

Address: _____

Dated: _____



Time Securities (Pvt.) Ltd.

TREC HOLDER / BROKER: PAKISTAN STOCK EXCHANGE LTD.

Subject to Rules & Regulations of Pakistan Stock Exchange Ltd.

Head Office: 98-99, 2nd Floor, Stock Exchange Building, Stock Exchange Road, Karachi-74000

Tel: 32427056, 32428918 E-mail: timekse@hotmail.com, Website: www.timesec.pk

Branch Office: Mezzanine Floor, Umair Arcade 41/199, Risala Road, Saddar, Hyderabad.

For official use of the Participant only	
Application Form No:	
CDS Participant ID:	05116
Sub-Account No:	
Trading Account No: (if applicable)	

SUB-ACCOUNT OPENING FORM FOR INDIVIDUALS

(Sub-Accounts are opened and maintained by Participants in accordance with the CDC Regulations made pursuant to Section 4 of the Central Depositories Act, 1997)

Nature of Account	Single		Joint	
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(Please use BLOCK LETTERS to fill the form)

I/We hereby apply for opening of my/our Sub-Account under the Account Family of [insert name of the Participant] (hereinafter referred to as "Participant") maintained in the Central Depository System ("CDS") of the Central Depository Company of Pakistan Limited ("CDC"). My/our particulars are given as under:

A. REGISTRATION (AND OTHER) DETAILS OF MAIN APPLICANT																								
1. Full name of Applicant (As per CNIC / NICOP / Passport) MR. / MRS. / MS.																								
2. Father's / Husband's Name:																								
3. Contact Details of Main Applicant:																								
(a) Permanent Address: (Address should be different from Participant's business address)																								
(b) Mailing Address:																								
(c) Contact No: • Land Line No.: • Local Mobile No. (*)					(d) Fax: (optional)					(e) Email: (*)														
4. Computerized National Identity Card No: (For resident Pakistani)										-														
5. Expiry date of CNIC:																								
6. NICOP No: (For non-resident Pakistani)										-														
7. Expiry date of NICOP:																								
8. Passport details: (For a foreigner or a Pakistani origin)					Passport Number:					Place of Issue:														
					Date of Issue:					Date of Expiry:														
9. Details of Contact Person: [Note: Contact Person shall not be the person other than the Main Applicant, any one of the Joint Applicant or their Attorney. Where Contact Person is the Main Applicant or any of the Joint Applicant, please only provide the name below. In case of Attorney, please provide details in (a) to (h) below]																								
(a) Name: MR. / MRS. / MS.																								
(b) Relationship/ association of the Attorney with the Main Applicant:																								
(c) Address:																								
(d) Computerized National Identity Card No:										-														
(e) Expiry date of CNIC:																								
(f) Contact No: • Land Line No.: • Local Mobile No. (*)					(g) Fax: (optional)					(h) Email: (*)														
10. Share holder's Category: INDIVIDUAL																								
11. (a) Occupation: [Please tick (✓) the appropriate box]					AGRICULTURIST					BUSINESS														
					RETIRED PERSON					STUDENT														
					PROFESSIONAL					SERVICE														
(b) Name of Employer / Business:					(c) Job Title / Designation:																			
(d) Address of Employer / Business:																								

*At least one field must be mandatorily filled.

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

Participant

* _____

✓ _____

✓ _____

✓ _____

B. REGISTRATION (AND OTHER) DETAILS OF THE JOINT APPLICANT(S)																	
PERSONAL INFORMATION – JOINT APPLICANT NO. 1																	
1. Full name of Applicant (As per CNIC / NICOP / Passport) MR. / MRS. / MS.																	
2. Father's / Husband's Name:																	
3. Permanent Address: (Address should be different from Participant's business address)																	
4. (a) Contact No: Land Line No.				Local Mobile No.				(b) Fax: (optional)				(c) Email:					
5. Computerized National Identity Card No: (For resident Pakistani)																	
6. Expiry date of CNIC:																	
7. NICOP No: (For non-resident Pakistani)																	
8. Expiry date of NICOP:																	
9. Passport details: (For a Foreigner or a Pakistani origin)								Passport Number:				Place of Issue:					
								Date of Issue:				Date of Expiry:					
10. (a) Occupation: [Please tick (✓) the appropriate box]				AGRICULTURIST				BUSINESS				HOUSEWIFE				HOUSEHOLD	
				RETIRED PERSON				STUDENT				BUSINESS EXEC.				INDUSTRIALIST	
				PROFESSIONAL				SERVICE				OTHERS (specify)					
(b) Name of Employer / Business:										(c) Job Title / Designation:							
(d) Address of Employer / Business:																	
PERSONAL INFORMATION – JOINT APPLICANT NO. 2																	
1. Full name of Applicant (As per CNIC / NICOP / Passport) MR. / MRS. / MS.																	
2. Father's / Husband's Name:																	
3. Permanent Address: (Address should be different from Participant's business address)																	
4. (a) Contact No: Land Line No.				Local Mobile No.				(b) Fax: (optional)				(c) Email:					
5. Computerized National Identity Card No: (For resident Pakistani)																	
6. Expiry date of CNIC:																	
7. NICOP No: (For non- resident Pakistani)																	
8. Expiry date of NICOP:																	
9. Passport details: (For a Foreigner or a Pakistani origin)								Passport Number:				Place of Issue:					
								Date of Issue:				Date of Expiry:					
10. (a) Occupation: [Please tick (✓) the appropriate box]				AGRICULTURIST				BUSINESS				HOUSEWIFE				HOUSEHOLD	
				RETIRED PERSON				STUDENT				BUSINESS EXEC.				INDUSTRIALIST	
				PROFESSIONAL				SERVICE				OTHERS (specify)					
(b) Name of Employer / Business:										(c) Job Title / Designation:							
(d) Address of Employer / Business:																	
PERSONAL INFORMATION – JOINT APPLICANT NO. 3																	
1. Full name of Applicant (As per CNIC / NICOP / Passport) MR. / MRS. / MS.																	
2. Father's / Husband's Name:																	
3. Permanent Address: (Address should be different from Participant's business address)																	
4. (a) Contact No: Land Line No.				Local Mobile No.				(b) Fax: (optional)				(c) Email:					
5. Computerized National Identity Card No: (For resident Pakistani)																	
6. Expiry date of CNIC:																	
7. NICOP No: (For non- resident Pakistani)																	
8. Expiry date of NICOP:																	
9. Passport details: (For a Foreigner or a Pakistani origin)								Passport Number:				Place of Issue:					
								Date of Issue:				Date of Expiry:					
10. (a) Occupation: [Please tick (✓) the appropriate box]				AGRICULTURIST				BUSINESS				HOUSEWIFE				HOUSEHOLD	
				RETIRED PERSON				STUDENT				BUSINESS EXEC.				INDUSTRIALIST	
				PROFESSIONAL				SERVICE				OTHERS (specify)					
(b) Name of Employer / Business:										(c) Job Title / Designation:							
(d) Address of Employer / Business:																	

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

Participant

* _____

✓ _____

✓ _____

✓ _____

C. OTHER INFORMATION

1. Dividend Mandate <i>[Please tick (✓) the appropriate box]</i>	☐	Yes	☐	No	If yes, please provide following details:
(a) Account Title:					(b) Account No:
(c) Name of Bank:					(d) Branch:
(e) Address:					

2. National Tax No: (Optional)

3. Nationality:				

4. Residential Status <i>[Please tick (✓) the appropriate box]</i>		<i>Resident</i>	<i>Non-Resident</i>	<i>Repatriable</i>	<i>Non-Repatriable</i>
	Pakistani	☐	☐	☐	☐
	Pakistani Origin	☐	☐	☐	☐
	Foreign National	☐	☐	☐	☐

5. If you are maintaining any Special Convertible Rupee Account ("SCRA"), please provide details in (a) to (c):	(a) SCRA Account No:	(b) Bank Name:
	(c) Branch Details:	

6. Zakat Status:	☐	Muslim Zakat payable
	☐	

(If, according to the Fiqh of the Applicant(s), Zakat deduction is not applicable, then relevant Declaration on prescribed format shall be submitted with the concerned Issuer and the Participant)	☐	Muslim Zakat non-payable
	☐	Non-Muslim

Please tick (✓) the appropriate box	
☐	Muslim Zakat payable
☐	Muslim Zakat non-payable
☐	Non-Muslim
☐	Not Applicable

7. Particulars of nominee (Optional but if desired, nomination should only be made in case of sole individual and not joint account)	(c) Relationship with Main Applicant: [Please tick (✓) appropriate box]	☐	Brother	☐	Sister	☐	Son*
		☐	Daughter*	* Including step or adopted child			

<i>[In case of death of Sub-Account Holder: Nomination may be made in terms of requirements of Section 80 of the Companies Ordinance, 1984, which inter alia requires that person nominated as aforesaid shall not be a person other than the following relatives of the Sub-Account Holder, namely: a spouse, father, mother, brother, sister and son or daughter, including a step or adopted child.]</i>	(e) CNIC NO: (in case of a resident Pakistani)													-
	(f) Expiry date of CNIC:													
	(g) NICOP No: (in case of a non-resident Pakistani)													-
	(h) Expiry date of NICOP:													
	Passport Number: Place of Issue:													

(a) Name of Nominee:															
(b) Father's/Husband's Name:															
(c) Relationship with Main Applicant: [Please tick (✓) appropriate box]	☐	Spouse	☐	Father	☐	Mother									
	☐	Brother	☐	Sister	☐	Son*									
	☐	Daughter*	* Including step or adopted child												
(d) Address:															
(e) CNIC No: (in case of a resident Pakistani)							-							-	
(f) Expiry date of CNIC:															
(g) NICOP No: (in case of a non-resident Pakistani)							-							-	
(h) Expiry date of NICOP:															
(i) Passport details: (In case of a foreigner or a Pakistani origin)	Passport Number:														
	Place of Issue:														
	Date of Issue:														
	Date of Expiry:														
(j) Contact No:	(k) Fax: (optional)														
(l) E-mail: (optional)															

D. CDC SMS / IVR/ WEB SERVICES (“CDC *access*”)

CDC provides **FREE OF COST** services under CDC access whereby sub-account holders can have real time access to their account related information.

1(a). SMS or eAlert/eStatement is a mandatory service, where alerts are sent whenever certain activities take place in a sub-account. eStatement is a service where your account balance statement will be electronically transmitted to your email address. Please subscribe to either SMS or eAlert/eStatement service as a mandatory requirement. You can also subscribe to both the services.

	Short Messaging Service (SMS)	Mobile No.(†)	† of Contact Person as provided in Part A or Part B of this Form, as the case may be.
	eAlert / eStatement Service	Email Address (†)	

1(b).	If you have subscribed for eStatement, please specify the frequency of eStatement: <i>[Please tick (✓) the appropriate box]</i>	Monthly	☐	Quarterly	☐
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2. Do you wish to subscribe to free of cost IVR Service? [Please tick () the appropriate box]	☐	Yes	☐	No
--	--------------------------	-----	--------------------------	----

3. Do you wish to subscribe to free of cost Web Service? [Please tick (✓) the appropriate box]	☐	Yes	☐	No
--	--------------------------	-----	--------------------------	----

4. If you are subscribing to IVR and/or Web Service, please provide following details of your Contact Person:

(a) Date of Birth (DD / MM / YYYY)			/			/					
------------------------------------	--	--	---	--	--	---	--	--	--	--	--

(b) Mother's Maiden Name:	(c) Email Address (of Contact Person as provided in Part A or Part B of this Form, as the case may be):
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Signatures:

Main Applicant	Joint Applicant 1	Joint Applicant 2	Joint Applicant 3	Participant
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Joint Applicant 1	Joint Applicant 2	Joint Applicant 3	Participant
-------------------	-------------------	-------------------	-------------

Joint Applicant 2 Joint Applicant 3 Participant

Joint Applicant 3	Participant
-------------------	-------------

Participant

*	✓	✓	✓
---	---	---	---

✓ ✓ ✓

✓ ✓

E. SUB-ACCOUNT OPERATING INSTRUCTIONS																			
1. Signatory(ies) to give instruction to the Participant pertaining to the operations of the Sub-Account. <i>(Please specify sub- account operating instructions in the relevant column along with names and specimen signatures of authorised signatories)</i>	Names of Signatory(ies)					Specimen Signatures													
	(a)																		
	(b)																		
	(c)																		
	(d)																		
2. Sub-Account Operating Instructions: [Please (✓) appropriate box]	☐	Either (Singly) or Survivor					☐	Attorney											
	☐	Jointly [any] _____					☐	Any other											
							Please specify:												
F. BANK VERIFICATION																			
The following information is required to be verified by the Bank Manager only where the Main Applicant is maintaining bank account:																			
Particulars of Main Applicant:																			
Bank Account Title:				CNIC No: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>															
Bank Account No:																			
Address of Applicant:																			
Signature of Applicant:																			
We do hereby verify the above particulars and signature of our above account holder:																			
Particulars of Bank Manager / Authorized Officer:																			
Name:					Contact No(s):														
E-mail:					Signature & Rubber Stamp:														
G. AUTHORIZATION UNDER SECTIONS 12 AND 24 OF THE CDC ACT EXCLUSIVELY FOR SETTLEMENT OF UNDERLYING TRADES INCLUDING PLEDGE AND RECOVERY OF CHARGES AND LOSSES																			
I/we the undersigned, hereby give my/our express authority to the Participant under Section 12 and Section 24 of the Central Depositories Act, 1997 to handle Book-entry Securities beneficially owned by me/us and entered in my/our Sub-Account maintained with the Participant for securities transactions that are exclusively meant for the following purposes: a. For the settlement of any underlying market transactions (trades) including off market transactions made by me/us from time to time; b. For pledge securities transactions with any Stock Exchange or a Clearing Company relating to any of my/our underlying market transactions (trades) to be settled through the Clearing Company from time to time; - ba. For, where applicable, pledging of my/our securities only with a Stock Exchange in accordance with the requirements of regulations of such Stock Exchange for meeting any shortfall in the margin and/or mark-to-market losses requirements of the Participant and/or other Sub-Account Holders of the Participant; c. For the recovery of payment against any underlying market purchase transactions made by me/us from time to time; d. Movement by me/us from time to time of my/our Book-entry Securities from my/our Sub-Account under the Main Account under the control of the Participant to my/our Sub-Account under another Main Account under the control of the Participant or to my/our Sub-Account under any Main Account which is under the control of another Participant or to my/our Investor Account; e. Securities transactions which has been made by way of a gift of Securities by me/us to my/our Family Members or other persons in accordance with the CDC Regulations from time to time; f. Securities transactions pertaining to any lending or borrowing of Securities made by me/us from time to time in accordance with the CDC Regulations; g. For the recovery of any charges or losses against any or all of the above transactions carried out by me/ us or services availed; and/or h. Delivery Transaction made by me/us for any other purposes as prescribed by the Commission from time to time. Specific authority on each occasion shall be given by me/us to the Participant for handling of Book-entry Securities beneficially owned by me/us for all other purposes as permitted under the applicable laws and regulations. Note: Please note that above shall serve as a one-time fixed authorization to the Participant for handling of Book-entry Securities owned by the undersigned Sub-Account Holder(s) and entered in his/her/their Sub-Account maintained with the Participant. Handling of Book-entry Securities for all other purposes should however require specific authority in writing from the undersigned Sub-Account Holder(s) in favour of the Participant. For handling of Book-entry Securities worth Rs. 500,000/- and above, the above mentioned specific authority shall be obtained on non-judicial stamp paper.																			

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

Participant

IMPORTANT

Please read and understand the Terms and Conditions before signing and executing this form

TERMS AND CONDITIONS

The Terms and Conditions set herein below shall govern the Sub-Account forming part of the Account Family of the CDS Participant Account of the Participant, which shall be binding on the Sub-Account Holder as well as the Participant:

1. Provisions of the Central Depositories Act, 1997 ("**the Act**") and the Central Depository Company of Pakistan Limited Regulations ("**the Regulations**") as amended from time to time and the CDC's Operating Manual/Operating Instructions developed and issued pursuant thereto from time to time and any other by-laws, directives of the Securities and Exchange Commission of Pakistan issued from time to time, shall govern the opening, maintenance and operations of the Sub-Account.
2. Each page of this form should be duly signed by the Applicant (and joint Applicants if any) and the Participant or any authorized person of the Participant.
3. The Participant shall ensure provision of copies of all the relevant laws, rules and regulations at his office for access to the Sub-Account Holder(s) during working hours.
4. The Participant shall provide a list of his authorized agents/traders and designated employees, who can deal with the Sub-Account Holder(s) from time to time. Any change(s) therein shall forthwith be intimated in writing to the Sub-Account Holder(s).
5. The Registration Details and such other information specified by the Applicant in this form for opening of the Sub-Account appear in the Sub-Account to be established by the Participant in the Central Depository System who shall ensure the correctness and completeness of the same. Any change therein notified by the Sub-Account Holder from time to time in writing to the Participant shall reflect in the Sub-Account of such Sub-Account Holder.
6. The Book-entry Securities owned by the Sub-Account Holder shall be exclusively entered in the Sub-Account of such Sub-Account Holder.
7. Transfer, Pledge and Withdrawal of Book-entry Securities entered in the Sub-Account of the Sub-Account Holder shall only be made from time to time in accordance with the authorization given by the Sub-Account Holder to the Participant in Part (G) above pursuant to Section 12 and 24 of the Act. Such authorization shall constitute the congregated / entire authorizations by the Sub-Account Holder(s) in favour of the Participant and supersedes and cancels all prior authorizations (oral, written or electronic) including any different, conflicting or additional terms which appear on any agreement or form the Sub-Account Holder(s) has executed in favour of the Participant.
8. Participant shall be liable to give due and timely effect to the instructions of the Sub-Account Holder given in terms of the above-referred authorization with respect to transfer, pledge and withdrawal of Book-entry Securities entered in his Sub-Account under the control of the Participant. Such instructions, among other matters, may include closing of Sub-Account.
9. Participant shall send within 10 days of end of each quarter Account Balance statement to the Sub-Account Holder without any fee or charge showing the number of every Book-entry Security entered in his Sub-Account as of the end of the preceding quarter. Such Account Balance statement shall be generated from the CDS. Further, the Sub-Account Holder may request for such statement (including Account Activity reports) from the Participant at any time on payment of a fee on cost basis as prescribed by the Participant. The Participant shall be liable to provide such report/statement to the Sub-Account Holder within 3 Business Days from the date of receipt of such request, with or without charges.
10. In consideration for the facilities and services provided to the Sub-Account Holder by the Participant, the Sub-Account Holder shall pay fees and charges to the Participant as applicable for availing such facilities and services under the Act, the Regulations and these Terms & Conditions. In case of outstanding payment against any underlying market purchase transaction, charges and/or losses against the Sub-Account Holder, the Participant shall have the right, subject to Clause 7 above and under prior intimation to the Sub-Account Holder to clear the payment, charges and/or losses (including any shortfall in margin requirements) within the reasonable time prescribed by the Participant, to dispose off the necessary number of Book-entry Securities of the Sub-Account Holder and apply the net proceeds thereof towards the adjustment of such outstanding payment, charges and/or losses, provided that the Participant shall report the disposal of such Securities to the relevant Stock Exchange as an off-market transaction where the Securities are transferred from the Sub-Account to the House Account of the Participant.
11. Participant shall have the right, subject to 20 Business Days prior written notice to the Sub-Account Holder to close the Sub-Account if it becomes dormant with no holding balances. No Sub-Account shall be treated as dormant unless there is no activity for continuous six months.
12. Where admission of Participant to the CDS is suspended or terminated by the CDC, the Sub-Account Holder shall have the right, subject to the Regulations and the Procedures made thereunder, to request CDC to change his Controlling Account Holder and Participant shall extend full cooperation to the Sub-Account Holder in every regard, without prejudice to his right of recovery of any dues or receivable from the Sub-Account Holder.
13. In case of a Joint Account, all obligations and liabilities in relation to this Sub-Account or under these Terms and Conditions shall be joint and several.
14. These Terms and Conditions shall be binding on the Participant's nominee, legal representative, successors in interest and/or permitted assigns.
15. In the event of any conflict between these Terms and Conditions and the terms and conditions contained in Trading Account Opening Form or any other forms/authorizations prescribed by the Participant or otherwise, the Terms and Conditions contained herein shall prevail, insofar as it is related to the custodial services to be provided by the Participant under the legal framework of CDC.
16. The provision of services as provided for hereunder shall not constitute Participant as trustee and the Participant shall have no trust or other obligation in respect of the Book-entry Securities except as agreed by the Participant separately in writing.
17. The Participant is not acting under this application form as Investment Manager or Investment Advisor to the Sub-Account Holder(s).
18. The Participant should ensure due protection to the Sub-Account Holder regarding rights to dividend, rights or bonus shares etc. in respect of transactions routed through him and not do anything which is likely to harm the interest of the Sub-Account Holder with/from whom it may have had transactions in securities.
19. Subject to Section 21 of the Act, Participant shall maintain complete confidentiality of any information or document that is in his knowledge or possession or control relating to the affairs of the Sub-Account Holder(s), and in particular, relating to their Sub-Account(s), and shall not give, divulge, reveal or otherwise disclose such information or document to any other person.
20. These Terms and Conditions shall be deemed to have been amended, altered and/or modified if rights and duties of the parties hereto are altered by virtue of change in law, rules, regulations etc. of SECP and/or articles, rules, regulations of the Stock Exchanges and/or the Act, CDC Regulations, CDC's Operating Manual/Operating Procedures and/or any circular, directive or direction issued therein, such changes shall be deemed to have been incorporated and modified the rights and duties of the parties hereto.
21. The Participant shall ensure that duly filled in and signed copy of this form along with the acknowledgement receipt is provided to the Sub-Account Holder.

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

Participant

* _____

✓ _____

✓ _____

✓ _____

DECLARATION & UNDERTAKING

I/We, the undersigned, hereby declare that:

- a) I/We am/are not minor(s);
- b) I/We am/are of sound mind;
- c) I/We have not applied to be adjudicated as an insolvent and that I/We have not suspended payment and that I/We have not compounded with my/our creditors;
- d) I/We am/are not an undischarged insolvent;
- e) I/We confirm having read and understood the above Terms and Conditions and I/We hereby unconditionally and irrevocably agree and undertake to be bound by and to comply with the above Terms and Conditions and any other terms and conditions which may be notified from time to time with the approval of the concerned authorities modifying or substituting all or any of the above Terms and Conditions in connection with the opening maintenance and operation of the Sub-Account;
- f) I/We, being the Applicant(s), hereby further confirm that all the information contained in this form is true and correct to the best my/our knowledge as on the date of making this application;
- g) I/We further agree that any false/misleading information by me/us or suspension of any material fact will render my/our Sub-Account Table for termination and further action under the law; and
- h) I/We hereby now apply for opening, maintaining, operation of Sub-Account Forming part of the Account Family of CDS Participant Account of Participant.

DISCLAIMER FOR CDC ACCESS

The main objective of providing information, reports and account maintenance services through the Interactive Voice Response System, Internet /Web access and Short Messaging Service ("SMS") or any other value added service is to facilitate the Sub-Account Holders("Users") with a more modern way to access their information. CDC makes no other warranty of the IVR, Internet /Web access, SMS or any other value added service and Users hereby unconditionally agree they shall make use of the internet/Web access subject to all hazards and circumstances as exist with the use, of the internet. CDC shall not be liable to any Users for providing and making available such services and for failure or delay in the provision of SMS to Users and all Users, who use the IVR, internet access, SMS or any other value added services, shall be deemed to have indemnified CDC, its directors, officers and employers for the time being in office and held them harmless from and against any losses, damages, costs and expenses incurred or suffered by them as a consequence of use of the IVR system, internet/web access, SMS or an other value added services.

All Users hereby warrant and agree that their agree of the internet /web by the use of a User-ID and login is an advanced electronic signature and upon issuance of such User-ID to the user, they hereby waive any right to raise any objection to the compliance of the User-ID and login with the criteria of an advance electronic-signature/

All Users shall by signing this Form and by their conduct of accessing the IVR, internet/Web access, SMS or any other value added services agree to all the terms and conditions and terms of use as shall appear on the CDC website at www.cdcaccess.com.pk which shall be deemed to have been read and agreed to by the Users before signing this form.

Name of Applicant 1 :	Date: Place:	Signature
Name of Applicant 2 :	Date: Place:	Signature
Name of Applicant 3 :	Date: Place:	Signature
Name of Applicant 4 :	Date: Place:	Signature
For and on behalf of <i>(In case of if signed by the Attorney on behalf of the Applicant (s))</i>		
I/we hereby agree to admit the Applicant(s) as the Sub-Account Holder(s) in terms of the above Term and Conditions as amended from time to time and shall abide by the same in respect of opening, maintenance and operation of such Sub-Account.		
Name of Participant:	Date:	
Participant's Seal & Signature:		
Witnesses:		
1. Name:		
Signature:	CNIC No:	
2. Name:		
Signature:	CNIC No:	

Enclosures:

1. Attested copy of CNIC / NICOP / Passport of the Applicants / Joint Applicants / nominee (s) (as the case may be).
2. Duly notarised Power of Attorney (if applicable)
3. Zakat Declaration of the Applicant and the Joint Applicant (if applicable).
4. Attested copy of NTN Certificate (if applicable)

Where the Applicant is a non-resident or foreigner duly consularized copy of Power of Attorney by the Consul General of Pakistan having jurisdiction over the Applicant(s) should be submitted.

Signatures:

For and behalf of Time Securities (Pvt) Ltd

*
Main Applicant

✓
Joint Applicant 1

✓
Joint Applicant 2

✓
Joint Applicant 3

H. FOR THE USE OF PARTICIPANT ONLY				
Particulars of Sub-Account Opening Form verified by :				
			Stamp:	
Application:	☐	Approved	☐	Rejected
			Signature: (Authorized signatory)	
Date:				
Sub-Account no. issued:				
Account opened by:				
Saved by:			Posted by:	
Signature:		Date:	Signature:	
			Date:	
Remarks: (if any)				

ACKNOWLEDGEMENT RECEIPT	
Application No:	Date of receipt:
<i>I/We hereby confirm and acknowledge the receipt of duly filled and signed Sub-Account Opening Form from the following Applicant:</i>	
[Insert Name of Applicant(s)]	Participant's Seal & Signature:
1.	
2.	
3.	
4.	

Time Securities (Pvt.) Ltd.

AGREEMENT FOR MARGIN TRADING AND MARGIN FINANCING

THIS AGREEMENT is made at _____ on the _____ day of BETWEEN M/S. TIME SECURITIES (Pvt) Ltd. TREC holder of KARACHI STOCK EXCHANGE LIMITED having, its office at 98-99 2nd Floor, Stocek Exchange Building, Stock Exchange Road, I. I. Chundrigar Road, Karachi, (hereinafter referred to as the "BROKER") AND MR. / MRS. _____, an Individual/partnership firm/company, resident of / having office at _____, (hereinafter referred to as the "CLIENT") for the administration of margin account for purpose of margin trading,

WHEREAS

- (a) The Broker is Member of the Karachi Stock Exchange Limited (hereinafter called the "Stock Exchange") and registered with the Securities & Exchange Commission of Pakistan (hereinafter called the "Commission") and maet registered with the Securities & Exchange Commission of Pakistan (hrereinafter called the "Commission") and meets the minimum net capital and capital adequacy requirements as presently in force or amended by the Commission in consultation with the Stock Exchange from time to time.
- (b) The Client is an Account Holder of the Broker having executed and submitted the Standardized Account approved by the Commission and has applied to the Broker for grant of Mergin Financing to facilitate him / it to carry out Margin Trading of securities.
- (c) The Broker has agreed to grant margin finance facility to the purchase of securities as approved by the Commission for purpose of Margin Trading subject to the provision of the Margin Trading Rules, 2004, the Margin Trading Regulations 2004 and the directions of the directions of the Commission and theStock Exchange from time to time

NOW THIS AGREEMENT WITNESSETH AND THE PARTIES HERETO AGREE AS UNDER

1. At the request of the Client, the Broker has approved a limit of Rs. _____ for the purpose of Margin Trading in appvoed securities by the Client, This limit is subject to the range fixed by the Commission from time to time generally, any direction by the Stock Exchange to reduce the outstanding position of the Client to a certain level within the time specified by the Stock Exchange, the complete withdrawal of said facility by the Broker to the Client or any other action that the Stock Exchange may deem fit and proper in this regard
2. The Broker has made his/its satisfaction that the Client is eligible to avail the Margin Trading and Margin Financing facility and not fall in the disqualified category of persons maintenance under Rule 5 of Margin Trading Rules, 2004, Further Client hereby affirms and declares that he/it is not one of the persons mentioned in the above mentioned rule, declared ineligible for availing the said facilities.
3. The Margin Trading shall be carried out by the Client only in securities approved by the Commission from time to time.
4. The Client shall ensure that a minimum maintenance margin of _____ is always kept in his / its margin account. However, it is understood that the margin maintenance requirement is subject to enhancement as may be directed by the Commission. The Broker may enhance the above margin requirement for the already executed trades after notifying the Client at-least three days prior to the implementation of the revised margin requirement.
5. The margin to be mainained by the Client in the margin account shall be either in the from of cash and / or approved securities deposited as collateral by the Client as a percentage of current market value of the securities held in a margin account kept for purpose of Margin Financing and margin and trading. If as a result of m arket fluctuation, the value of the securities deposited in margin falls below the maintenance requirement level, the Broker shall give the Client a margin call in writing.
6. If the Client fials to deposit additional cash or securities as a margin within one business day of the margin call, the Broker shall have absolute discretion without notice to the Client to liquidate his / its margin account, including the securities deposited or purchased and carried in such account, to the extent that the margin is maintained at the required level. In such as event, the Broker shall have the authority to use his discretion and on best effort basis shall sell or dispose off any or all the collateral securities in any lawful manner in order to meet the margin requirements as may be specified from time to time.
7. The Broker is hereby authorized by the Client to mortgage, pledge or hypothecate the securities deposited or bought on behalf of the Client by the Broker to any financial institution for a sum not exceeding the outstanding balance in the margin account.
8. The Client may withdraw from his margin account, sale proceeds or any part thereof in cash and / or any securities for the time being deposited in his / its margin account, provided that the value of the margin deposit in the said margin account does not fall below the maintenance margin after such withdrawal.
9. The margin amount of the Client shall be kept by Broker in his separate bank account titled "Client Margin Account" and shall not be the Broker for his own business, Similarly, the securities either deposited as margin or purchased on Margin Financing shall be kept by the Broker in a separate Central Depository Account and may be deposited, pledged in favour of the financial institution in account with the Margin Trading Rules 2004 and this Central Depository. Account shall be used only for the purpose of margin trading.
10. It is hereby distinctly understood that the grant of this Margin Trading facility by the Broker to the Client is subject to the provisions Margin Trading Rules 2004 and the Margin Trading Regulations 2004 with such variations and modifications may be made from time to time. The Client has read, understood and agreed to abide by the provisions of the said Rules & Regulation Further, all applicable procedures, prescribed documents, policies, notifications, etc, issued by the Stock Exchange in respect of Margin trading and Margin Financing shall also be binding on the Client. If any fine is imposed or other adverse action is taken by the Commission or the Stock Exchange against the Broker due to non-compliance of any of the provision of the said Rules and Regulations and / or any direction of the Commission or the Stock Exchange by the Client, the Client shall indemnified the Broker against all losses, cost, expenses, demanies proceedings and compensate the Broker in all respect to the full extent.
11. This Agreement is subject to the provisions Margin Trading Rules 2004, the Margin Trading Regulations 2004 and directions presently in force and as may be issued from time to time by the Commission and / or the Stock Exchange. These Rules & Regulations presently in force with such amendments as may be made in future along with the said directions shall be fully binding on both the Broker and the Client and shall prevail over the terms of this Agreement in any conflict.

IN WITNESS WHREOF the parties, hereto, have executed this Agreement on the date year mentioned above.

BROKER	* CLIENT	✓ CLIENT	✓ CLIENT	✓ CLIENT
 WITNESS 1	 WITNESS 2			
NAME	NAME			
ADDRESS	ADDRESS			
CNIC	CNIC			

KYC / CDD Checklist

DATE	ACCOUNT TITLE	ACCOUNT / UIN #
------	---------------	-----------------

SECTION-A

Minimum information / documents to be provided by Investor			
please tick			
1. Individuals / Sole Proprietorship		2. Partnerships	
3. Institutions / Corporates			
CNIC of Principal and Joint Holders / Passport for Foreign Nationals / NICOP for non-residents Pakistanis		CNICs/NICOP of all partners, as applicable	
CNICs/NICOP of Authorized Signatories and Directors			
Proof of Employment / Business		Partnership Deed	
List of Directors and Officers			
NTN Certificate, where available		Latest financial statements	
NTN Certificate			
		Certificate of Registration (in case of registered partnership firm)	
		Documentary evidence of Tax Exemption (if applicable)	
		NTN Certificate	
		Certificate of Incorporation	
		Certificate of Commencement of Business	
		Certificate of Board Resolution	
		Memorandum & Articles of Association/By Laws/ Trust Deed	
		Audited Accounts of the Company	
4. Trusts		5. Clubs Societis and Associations	
6. Executors/Administrators			
CNICs of all trustees		Certified copy of certificate of Registration	
CNICs of all Executors/Aministrators			
Certified copy of the Trust Deed		List of members	
Certified coopy of Letter of Administratin			
Latest financials of the trust		CNICs/NICOP of members of Governing Board	
Documentary Evidence of tax Exemption (if applicable)		Certified copy of bylaws/rules and regulations	
Trustee / Governing Body Resolution		copy of latest financials of Society / Assocation	
		Board / Governing Body Resolution	
If documents/inforamtion is complete, proceed to Section-B			
List of missing documents / information below:			
1.			
2.			
If ANY document or information is missing, proceed to Section-G.4			

SECTION-B

Assessment of information provided in Section-A		
Based on information provided in A,		
1.Is the investor also the ultimate beneficiary of the funds to be invested If No, joint account should be opened or power of attorney be provided by ultimate beneficiary with relavant documentary details of thebeneficiary:	YES	NO
2. In case the investor is a private company, 15 the shareholers' list available	YES	NO
3. In case of Government Accounts. Make YES if the account is not in the personal name of the government official A resolution/authority letter (duty enclorsed by Ministry of Finance or Finance Department of concerned government) is available, which authorizes the opening and operating of his account by an officer of federal/provincial/local government in his/her official capacity.	YES	NO
If the answer to any of the above question was NO, go to Section-G.3 or G.4, otherwise go Section-C		

SECTION-C

Risk Category of Investor			
1. Government Department/Entity		LOW RISK	Go to Section-G.1
2. Public listed company		LOW RISK	Go to Section-G.1
3. private limited Company		MEDIUM RISK	Go to Section-G.2
4. Non-Government Organization (NGO)		HIGH RISK	Go to Section-G.3
5. Trust / Charity		HIGH RISK	Go to Section-G.3
6. Unlisted Financial Institution			Go to Section-D
7. Individual			Go to Section-E

SECTION - D

Unlisted Private Financial Institution (NBFI)		
Is the unlisted private financial institution domiciled in Pakistan and is regulated by the SECP / State Bank Pakistan (SBP)	YES	NO
OR		
Is it domiciled in a FATF member country that is satisfactory following the FATF recommendations and is supervised by a regulatory body	YES	NO
If YES, Proceed to Section - G.1		If NO, Proceed to Section - G.3

SECTION - E

Individual		
1. Is the person a non-resident Pakistani	YES	NO
2. Is the person a high net worth individual with no identifiable source of income or his / her profile / source of income doesn't match with size & quantum of investment.	YES	NO
3. Is the person involved in dealing in high value items (based on declared occupation)	YES	NO
4. Is the person a foreign national	YES	NO
5. Does the person appear to have links or money transfer to / from offshore tax havens or belongs to country(s) where KYC / CDD and anti money laundering regulations are lax (in terms of not sufficiently applying FATF recommendations)	YES	NO
6. Is there any reason to believe that the person has been reused account opening by another financial institution / brokerage house	YES	NO
7. Is the person opening the brokerage account on a non-face-to-face basis / on-line	YES	NO
If the response to any question (1-7) above was "YES", proceed to Section - G.3		
8. Is the person a holder of a senior level public (government) office i.e. a politically exposed person (PEP) or a family member of PEP.	YES	NO
9. Is the person a holder of high profile position (e.g. senior politician)	YES	NO
If the response to any question (8-9) above was "YES", proceed to Section - F, else proceed to Section - G.1		

SECTION - F

Investor Risk Profile		
	Risk Classification	
G.1	LOW RISK	Reduced KYC requirement shall be applicable: Investor account can be opened once information / documents mentioned in Section-A have been provided.
G.2	MEDIUM RISK	Greater care required and documents listed in Section-A should be obtained before opening of account.
G.3	HIGH RISK	Enhanced KYC requirements shall be applicable: Investor account can be opened once information / documents mentioned in Section-A have been provided. Transaction shall be monitored to ensure that the funds used for investment are from an account under the investor's own name in a financial institution (e.g. bank) subject to high due diligence standards and the amount and frequency of investments are not unusual given the nature and financial strength of the Investor.
G.4	HIGH RISK	Account cannot be opened as KYC requirements have not been fulfilled.

CONFIRMATION of physical presence of customer when opening account:	YES	NO
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Other Comments

Completed by	<i>Name of Sales Person / Agent</i>	<i>Signature</i>	<i>Date</i>
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Checkd by	<i>Name of Sales Person / Agent</i>	<i>Signature</i>	<i>Date</i>
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[illegible]