

KNOW YOUR CUSTOMER (KYC) - INSTITUTION

Company / Business Name (Messers)

NTN Registration No. / Incorporation No.

The Know Your Customer (KYC) section is meant to enable an investor to comply with the client identification program laid down by the Anti Money Laundering & Counter Terrorist Financing Regulations 2020.

Type of customer Bank Insurance Private Company Public Company NGO
 NPO Govt. Organization Trust Retirement Fund Club, Societies & Association etc.
 Agents Sole-Proprietorship Partnership Limited Liability Partnership Executors and Administrator
 Other (Please specify)

Source(s) of Funds Business Income Other (Please specify)

Parent Company Name (if applicable) Resident/ Non Resident:

Geographical area of activity Nature of Business

Ultimate Beneficiary

Expected Monthly No. of Transaction

Declaration by Investor (Please mark the box Yes or No as applicable)	Is your organization associated with any entity run / owned by a politically affiliated person / party? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does any politically affiliated person/ party own 50% or more stake in your entity? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Has any financial institution refused to open your account? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you ever open an account on behalf of any other entity? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Does your entity belong to countries / jurisdiction classified as "High Risk" under the classification assigned by FATF such as "Iran & North Korea" etc. ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the entity fall under the category of NPO / NGO / Trust and Charities <input type="checkbox"/> Yes <input type="checkbox"/> No
	Does your entity deal in high value items. (Jewelry or precious metals / stones, pictures, painting, books or other works of art, luxury cars items antiques etc. and others as decided by management)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please fill & comply the following: Ultimate Control held by _____ Sources of Funds
	Is your entity the Beneficial Owner (BO) of Funds generated from dealing in above-mentioned items <input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Governing body or NGO / NPO / Trust / Charities commit to inform about any change of control or ownership during the operation of the account; Governing body or NGO / NPO / Trust / Charities commit to provide Fresh resolution in case of any change in person(s) authorized to operate the account.
Latest Financial Information	Net Asset: <input type="checkbox"/> Rs. Upto 10 million <input type="checkbox"/> Rs. 10 million to 250 million	<input type="checkbox"/> Rs. 250 million to 1 billion <input type="checkbox"/> Rs. 1 billion and above
	Net Income: <input type="checkbox"/> Rs. Upto 5 million <input type="checkbox"/> Rs. 5 million to 50 million	<input type="checkbox"/> Rs. 50 million to 500 million <input type="checkbox"/> Rs. 500 million and above
Expected Monthly turnover / Investment Amount	<input type="checkbox"/> Upto Rs. 10 million <input type="checkbox"/> Rs. 10 million to 250 Million	<input type="checkbox"/> Rs. 250 million to 1 billion <input type="checkbox"/> Rs. 1 billion and above
Risk Category	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low	

Signature of Authorized Signatory

Signature of Authorized Signatory

Signature of Authorized Signatory

Signature of Authorized Signatory

Company's Rubber Stamp

AUTHORIZED SIGNATORIES DETAILS

NAME(S)	CNIC/ NICOP/ PASSPORT NO.	Place of Issue	Date of Issue	Date of Expiry

DETAILS OF DIRECTOR(S)/ PARTNER(S)/ TRUSTEE(S)/ MEMBER(S) OF GOVERNING BODY/ MEMBER(S) OF EXECUTIVE COMMITTEE/ CEO/ MANAGING DIRECTOR(S)/ PRESIDENT/ PRINCIPAL TRUSTEE

NAME(S)	CNIC/ NICOP/ PASSPORT NO.	Place of Issue	Date of Issue	Date of Expiry

(A). PLEASE PROVIDE THE FOLLOWING DETAILS OF INDIVIDUAL (NATURAL PERSON) SHAREHOLDERS HOLDING 25% OR ABOVE STAKE IN YOUR INSTITUTION

NAME OF LEGAL PERSON(S) SHAREHOLDER(S)	CNIC/ NICOP/ PASSPORT NO.	Place of Issue	Date of Issue	Date of Expiry	% OF SHAREHOLDING

(B). PLEASE PROVIDE THE FOLLOWING DETAILS OF THE LEGAL PERSONS HOLDING SHARES EQUAL TO 25% OR ABOVE IN YOUR INSTITUTION

NAME OF LEGAL PERSON(S)	NATURE OF BUSINESS	% OF SHAREHOLDING

(C). PLEASE PROVIDE THE FOLLOWING DETAILS OF THE INDIVIDUAL (NATURAL PERSON) HOLDING SHARES EQUAL TO 25% OR ABOVE OF THAT LEGAL PERSON MENTIONED IN (B) ABOVE

NAME OF INDIVIDUAL (NATURAL PERSON) SHAREHOLDER(S)	CNIC/ NICOP/ PASSPORT NO.	Place of Issue	Date of Issue	Date of Expiry	% OF SHAREHOLDING

(D). PLEASE PROVIDE THE DETAILS OF LEGAL PERSON(S) IF ANY, WHO EXERCISE SIGNIFICANT INFLUENCE ON YOUR INSTITUTION OR HAS AN EXECUTIVE AUTHORITY IN YOUR INSTITUTION OR AN EQUIVALENT OR SIMILAR POSITION AND NOT COVERED IN (A), (B), AND (C)

NAME OF LEGAL PERSON(S)	CNIC/ NICOP/ PASSPORT NO.	Place of Issue	Date of Issue	Date of Expiry	DETAILS OF BENEFICIAL OWNERSHIP

(E). PLEASE PROVIDE THE DETAILS OF BENEFICIAL OWNER OF THE INSTITUTION NOT DISCLOSED IN ANY OF THE ABOVE

NAME OF BENEFICIAL OWNER(S)	CNIC/ NICOP/ PASSPORT NO.	Place of Issue	Date of Issue	Date of Expiry

Signature of
Authorized Signatory

Signature of
Authorized Signatory

Signature of
Authorized Signatory

Signature of
Authorized Signatory

Company's
Rubber Stamp