ECLEAR SERVICES LIMITED

Khanani Securities (Pvt) Limited



CDC House, 99-B, Block B, S.M.C.H.S. Main Shahrah-e-Faisal, Karachi

Room No. 638, 6th Floor, **Stock Exchange Building, Karachi**

For official use of the Participant (who is PCM/ T&C for all categories of Securities Brokers)						
Application Form No.						
TRE Certificate No.						
Securities Broker Registration No.						
CDS Participant ID						
Sub-Account No.						
Trading Account No. (Back-office ID) (if applicable)						

CUSTOMER RELATIONSHIP FORM FOR INDIVIDUALS (Please Also Fill KYC APPLICATION FORM for Main and Joint Applicants)

**			(Pleas	se use BL	OCK LE	ETTERS	to fill th	e form)								
Nature of Account Single	Joint															
I/We hereby apply for opening of m	ny/our Tradin	ng Accor	unt with	the Sec	urities	Broker	and Sul	-Acco	unt with	the Par	ticipan	t who i	s EClea	ır Servi	ces Lim	ited
I/We hereby apply for opening of my/our Trading Account with the Securities Broker and Sub-Account with the Participant who is EClear Services Limited (ESL) providing settlement and custody services to all categories of Securities Brokers:																
A. REGISTRATION (AND OTH									l be sam	e as pro	vided in	the KY	C Appl	ication l	Form)	
1. Full name of Applicant (As per		C/NICO	P/ARC	C/POC/P	Passpor	t) MR.	/ MRS	. / MS.				1	UKN I	No.		1
2. CNIC SNIC NICOP	ARC															
POC Passport No:																
[Please tick () appropriate box]	C D		11	1		41 41	1 1	r	1:		C 11	T A	1:			1
3. Details of Contact Person: [Note However, Attorney shall not be a Page 1987]																
the Joint Applicants, please tick ()																
Form for CDS. Where Contact Pers								,j			-			- 1	F	
(a) Contact Person: Main Applican	t Joint A	Applica	nt No. 1	l 🔲 Jo	oint Ap	plicant	No. 2	Jo	oint App	licant N	Vo. 3	Atto	orney			
(b) Attorney Name: MR. / MRS. / M	ЛS.													-		
(c) Mailing Address:			1						1							_
(d) CNIC SNIC NICOP	∐ARC ∐															
POC No.																
[Please tick (✓) appropriate box] (e) Expiry date of CNIC//SNIC/NIC	COP/ARC/PC)C·	D	D	/	M	M	/	Y	Y	Y	Y				
(f) Passport details:	201/11KC/1 C		ort Nun		,	171	111			of Issu	_	1				
(For a foreigner)			of Issue							of Exp						
(g) Contact No:										•	-					
• Land Line No.: (optional)		(h) Fa	ıx: (opti	onal)					(i) E	mail :(*)					
Local Mobile No.(*)																
*Where the Contact Person is resident																
the Contact Person is a non-resider Person is an Attorney, the Attorney																
access.	shan receiv	e sucii s	sei vices	. 11118 11	поппа	ion wii	aiso o	useu	where a	ny ome	1 Servic	e is su	osciide	u under	uie CD	
4. Permanent Address:																
[The address should be of the	Please use i	the detai	ils as pi	rovide in	the KY	'C Appl	ication	Form o	nd ente	r the sa	me in tl	ne CDS				
Main Applicant]																
D. DECICEDATION (AND OTH	ED) DETAI	I C OF	THE I	OTNT A	DDI IC	SA NITE	T)									
B. REGISTRATION (AND OTH details of Joint Holders shall be fetched from				OINT A	PPLIC	CANT(S	S) (The in	formatio	n should	be same a	s provide	d in the I	ХҮС Арг	olication l	Form. Con	mplete
details of Joint Holders shall be fetched from	the Central Por	rtal / KIS))	JOIN	T APP	LICAN	NT NO.	1	n should	be same a	s provide	d in the I	КҮС Арг	olication l	Form. Con	mplete
details of Joint Holders shall be fetched from 1. Full name of Applicant (As per	the Central Por	rtal / KIS))	JOIN	T APP	LICAN	NT NO.	1	n should	be same a	s provide	d in the I		olication l	Form. Con	nplete
1. Full name of Applicant (As per 2. CNIC SNIC NICOP	the Central Por	rtal / KIS))	JOIN	T APP	LICAN	NT NO.	1	n should	be same a	s provide	d in the I			Form. Con	nplete
1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No:	the Central Por	rtal / KIS))	JOIN	T APP	LICAN	NT NO.	1	n should \	be same a	s provide	d in the I			Form. Con	nplete
1. Full name of Applicant (As per 2. CNIC SNIC NICOP	the Central Por	rtal / KIS))	JOIN C/POC/P	T APP Passpor	PLICAN t) MR.	NT NO. / MRS	1 . / MS.	n should	be same a	s provide	d in the I			Form. Con	mplete
1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick () appropriate box]	CNIC/SNIC ARC	C/NICO	OP/ARC	JOIN C/POC/P	T APP	PLICAN t) MR.	NT NO. / MRS	1 . / MS.	n should	be same a	s provide	d in the I	UK	N No.	Form. Con	mplete
1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No:	CNIC/SNIC ARC	C/NICO	OP/ARC	JOIN C/POC/P	T APP	PLICAN t) MR.	NT NO. / MRS	1 . / MS.	n should	be same a	s provide	d in the I	UK		Form. Con	mplete
1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (✓) appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC NICOP NICOP POC NICOP NO:	CNIC/SNIC	C/NICO	OP/ARC	JOIN C/POC/P	T APP	PLICAN t) MR.	NT NO. / MRS	1 . / MS.	n should	be same a	s provide	d in the I	UK	N No.	Form. Con	nplete
1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick () appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP	CNIC/SNIC	C/NICO	OP/ARC	JOIN C/POC/P JOIN C/POC/P	T APP Passpor T APP Passpor	LICAN t) MR.	VT NO. / MRS	1 ./MS. 2 ./MS.	n should	be same a	s provide	d in the I	UK	N No.	Form. Con	mplete
1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (✓) appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (✓) appropriate box]	CNIC/SNIC CNIC/SNIC ARC CNIC/SNIC	rtal / KIS) C/NICO C/NICO	OP/ARC	JOIN JOIN JOIN JOIN	T APP Passpor Passpor T APP T APP	LICAN t) MR. LICAN t) MR.	NT NO. / MRS IT NO. / MRS	1 . / MS / MS / MS / MS	n should	be same a	s provide	d in the I	UK	IN No.	Form. Con	mplete
1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (\(\sigma \)) appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (\(\sigma \)) appropriate box] 1. Full name of Applicant (As per POC Passport No: [Please tick (\(\sigma \)) appropriate box]	CNIC/SNIC CNIC/SNIC ARC CNIC/SNIC CNIC/SNIC	rtal / KIS) C/NICO C/NICO	OP/ARC	JOIN JOIN JOIN JOIN	T APP Passpor Passpor T APP T APP	LICAN t) MR. LICAN t) MR.	NT NO. / MRS IT NO. / MRS	1 . / MS / MS / MS / MS	n should	be same a	s provide	d in the I	UK	N No.	Form. Com	mplete
1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (✓) appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP NICOP POC Passport No: [Please tick (✓) appropriate box] 1. Full name of Applicant (As per 2. CNIC Passport No: [Please tick (✓) appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP	CNIC/SNIC CNIC/SNIC ARC CNIC/SNIC CNIC/SNIC	rtal / KIS) C/NICO C/NICO	OP/ARC	JOIN JOIN JOIN JOIN	T APP Passpor Passpor T APP T APP	LICAN t) MR. LICAN t) MR.	NT NO. / MRS IT NO. / MRS	1 . / MS / MS / MS / MS	n should	a same a	s provide	d in the I	UK	IN No.	Form. Con	mplete
1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (\sqrt{)} appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP NO: [Please tick (\sqrt{)} appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP No: [Please tick (\sqrt{)} appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP NICOP NICOP POC Passport No:	CNIC/SNIC CNIC/SNIC ARC CNIC/SNIC CNIC/SNIC	rtal / KIS) C/NICO C/NICO	OP/ARC	JOIN JOIN JOIN JOIN	T APP Passpor Passpor T APP T APP	LICAN t) MR. LICAN t) MR.	NT NO. / MRS IT NO. / MRS	1 . / MS / MS / MS / MS	n should	be same a	s provide	d in the I	UK	IN No.	Form. Con	mplete
1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (✓) appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP NICOP POC Passport No: [Please tick (✓) appropriate box] 1. Full name of Applicant (As per 2. CNIC Passport No: [Please tick (✓) appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP	CNIC/SNIC ARC ARC CNIC/SNIC ARC ARC ARC ARC	C/NICO	OP/ARC	JOIN JOIN JOIN JOIN	T APP Passpor Passpor T APP T APP	LICAN t) MR. LICAN t) MR.	NT NO. / MRS IT NO. / MRS	1 . / MS / MS / MS / MS	n should	be same a	s provide	d in the I	UK	IN No.	Form. Con	mplete
1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (✓) appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (✓) appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (✓) appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP NICOP POC Passport No: [Please tick (✓) appropriate box] C. OTHER ACCOUNT LEVEL 1	CNIC/SNIC ARC CNIC/SNIC ARC ARC ARC INFORMAT	C/NICO C/NICO C/NICO	OP/ARC	JOIN JOIN C/POC/P JOIN C/POC/P	T APP Passpor T APP Passpor	LICAN t) MR. LICAN t) MR. LICAN t) MR.	NT NO. / MRS IT NO. / MRS IT NO. / MRS	1 ./MS. 2 ./MS. 3 ./MS.					UK	IN No.	Form. Con	mplete
1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (✓) appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (✓) appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (✓) appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (✓) appropriate box] C. OTHER ACCOUNT LEVEL 1. Bank Details: The bank account	CNIC/SNIC ARC CNIC/SNIC ARC ARC INFORMAT	C/NICO C/NICO C/NICO C/NICO C/NICO Of the M	OP/ARC OP/ARC OP/ARC	JOIN JOIN JOIN JOIN JOIN POCP	T APP Passpor T APP Passpor as prov	LICAN t) MR. LICAN t) MR. LICAN t) MR.	NT NO. / MRS IT NO. / MRS IT NO. / MRS	1 ./MS. 2 ./MS. 3 ./MS.	ication	Form sh	nall be u	lised.	UK	IN No.	Form. Con	mplete
1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (\(\sigma \)) appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC NICOP POC NICOP POC Passport No: [Please tick (\(\sigma \)) appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (\(\sigma \)) appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP NICOP POC Passport No: [Please tick (\(\sigma \)) appropriate box] C. OTHER ACCOUNT LEVEL 1 1. Bank Details: The bank account 2. Residential Status:	CNIC/SNIC ARC CNIC/SNIC ARC ARC TO SNIC/SNIC ARC TO SNIC/SNIC ARC TO SNIC/SNIC TO SNIC TO SNIC/SNIC TO SNIC/S	C/NICO C/NICO CONICO CONICO	OP/ARC OP/ARC Main Agas of the	JOIN JOIN JOIN JOIN JOIN POCP	T APP Passpor T APP Passpor as prov	LICAN t) MR. LICAN t) MR. LICAN t) MR.	NT NO. / MRS TT NO. / MRS TT NO. / MRS the KY ovided i	1 2 2 ./MS. 3 ./MS. C Applen the K	ication YC App	Form sh	nall be u	lised.	UK UK UE UE used.	KN No.		mplete
1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (✓) appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (✓) appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (✓) appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (✓) appropriate box] C. OTHER ACCOUNT LEVEL 1. Bank Details: The bank account	CNIC/SNIC ARC CNIC/SNIC ARC ARC TO SNIC/SNIC ARC TO SNIC/SNIC ARC TO SNIC/SNIC TO SNIC TO SNIC/SNIC TO SNIC/S	C/NICO C/NICO CONICO CONICO	OP/ARC OP/ARC Main Agas of the	JOIN JOIN JOIN JOIN JOIN POCP	T APP Passpor T APP Passpor as prov	LICAN t) MR. LICAN t) MR. LICAN t) MR.	NT NO. / MRS TT NO. / MRS TT NO. / MRS the KY ovided i	1 ./MS. 2 ./MS. 3 ./MS.	ication YC App	Form sh	nall be u	lised.	UK UK UE UE used.	IN No.		mplete
1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (\sqrt{)} appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC NICOP POC Passport No: [Please tick (\sqrt{)} appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (\sqrt{)} appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP NICOP POC Passport No: [Please tick (\sqrt{)} appropriate box] C. OTHER ACCOUNT LEVEL 1 1. Bank Details: The bank account 2. Residential Status:	CNIC/SNIC ARC CNIC/SNIC ARC ARC CNIC/SNIC ARC The Conic Snic ARC The C	C/NICO C/NICO CONICO CONICO	OP/ARC OP/ARC Main Ajas of the es]	JOIN C/POC/P JOIN C/POC/P JOIN C/POC/P	T APP Passpor T APP Passpor as prov	LICAN t) MR. LICAN t) MR. LICAN t) MR.	NT NO. / MRS TT NO. / MRS TT NO. / MRS the KY ovided i	1 2 2 ./MS. 3 ./MS. C Applen the K	ication YC App	Form sh	nall be u	lised.	UK UK UE UE used.	KN No.		mplete
1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (\sqrt{)} appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC NICOP POC Passport No: [Please tick (\sqrt{)} appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (\sqrt{)} appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP NICOP POC Passport No: [Please tick (\sqrt{)} appropriate box] C. OTHER ACCOUNT LEVEL 1 1. Bank Details: The bank account 2. Residential Status:	CNIC/SNIC ARC CNIC/SNIC ARC ARC INFORMAT It information The Reside the appropriate the property of the proper	C/NICO C/NICO CONICO CONICO	OP/ARC OP/ARC Main A _I as of the ess	JOIN C/POC/P JOIN C/POC/P Poplicant at the Main A	T APP Passpor T APP Passpor as prov	LICAN t) MR. LICAN t) MR. LICAN t) MR.	NT NO. / MRS TT NO. / MRS TT NO. / MRS the KY ovided i	1 2 2 ./MS. 3 ./MS. C Applen the K	ication YC App	Form sh	nall be u	lised.	UK UK UE UE used.	KN No.		mplete
1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (\sqrt{)} appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC NICOP POC Passport No: [Please tick (\sqrt{)} appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (\sqrt{)} appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP NICOP POC Passport No: [Please tick (\sqrt{)} appropriate box] C. OTHER ACCOUNT LEVEL 1 1. Bank Details: The bank account 2. Residential Status:	CNIC/SNIC ARC CNIC/SNIC ARC ARC INFORMAT It information The Reside the appropriate the property of the proper	C/NICO C/NICO C/NICO C/NICO of the Ment Staturiate boxe	OP/ARC OP/ARC Main A _I as of the ess	JOIN C/POC/P JOIN C/POC/P Poplicant at the Main A	T APP Passpor T APP Passpor as prov	LICAN t) MR. LICAN t) MR. LICAN t) MR.	NT NO. / MRS TT NO. / MRS TT NO. / MRS the KY ovided i	1 2 2 ./MS. 3 ./MS. C Applen the K	ication YC App	Form sh	nall be u	used.	UK UK UK UK UK	KN No. KN No.	uble	mplete
1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (\sqrt{)} appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC NICOP POC Passport No: [Please tick (\sqrt{)} appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (\sqrt{)} appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP NICOP POC Passport No: [Please tick (\sqrt{)} appropriate box] C. OTHER ACCOUNT LEVEL 1 1. Bank Details: The bank account 2. Residential Status:	CNIC/SNIC ARC CNIC/SNIC ARC ARC INFORMAT It information The Reside the appropriate the property of the proper	C/NICO C/NICO CONICO CONICO	OP/ARC OP/ARC Main A _I as of the ess	JOIN C/POC/P JOIN C/POC/P Poplicant at the Main A	T APP Passpor T APP Passpor as prov	LICAN t) MR. LICAN t) MR. LICAN t) MR.	NT NO. / MRS TT NO. / MRS TT NO. / MRS the KY ovided i	1 2 2 ./MS. 3 ./MS. C Applen the K	ication YC App	Form sh	nall be u	used.	UK UK UK UK UK	KN No.	uble	mplete
1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: Please tick (✓) appropriate box 1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: Please tick (✓) appropriate box 1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: Please tick (✓) appropriate box 1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: Please tick (✓) appropriate box C. OTHER ACCOUNT LEVEL 1 1. Bank Details: The bank account 2. Residential Status: 3. Basis of Remittance Please tick (✓) 4. Zakat Status:	CNIC/SNIC ARC CNIC/SNIC ARC ARC INFORMAT It information The Reside the appropriate of the property of the pro	C/NICO C/NICO C/NICO TON of the Ment Staturiate boxe on-reside:	OP/ARC OP/ARC Main Ap as of the ess process of th	JOIN C/POC/P JOIN C/POC/P JOIN C/POC/P pplicant a main A cani Origin	T APP Passpor T APP Passpor as prov pplicar	LICAN t) MR. LICAN t) MR. LICAN t) MR.	NT NO. / MRS TT NO. / MRS TT NO. / MRS the KY ovided i	1 2 2 ./MS. 3 ./MS. C Applen the K	ication YC App	Form sh	aall be un Form	ised.	UK UK UK UK UK	KN No. KN No.	uble	mplete
1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (✓) appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (✓) appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP POC Passport No: [Please tick (✓) appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP NO: [Please tick (✓) appropriate box] 1. Full name of Applicant (As per 2. CNIC SNIC NICOP NO: [Please tick (✓) appropriate box] C. OTHER ACCOUNT LEVEL 1 1. Bank Details: The bank account 2. Residential Status: 3. Basis of Remittance [Please tick (CNIC/SNIC ARC CNIC/SNIC ARC ARC CNIC/SNIC ARC The Arc CNIC/SNIC ARC CNIC/SNIC ARC The Arc CNIC/SNIC ARC CNIC/SNIC ARC The Arc CNIC/S	C/NICO C/NICO C/NICO C/NICO of the Ment Staturiate boxer con-reside reigner/ F	OP/ARC OP/ARC OP/ARC Main Ap as of the est est extended a continuous continuo	JOIN C/POC/P JOIN C/POC/P JOIN C/POC/P Ppplicant a Pani Origin	T APP Passpor T APP Passpor as provapplicar en relevance	LICAN t) MR. LICAN t) MR. LICAN t) MR. ided in nt as pro	NT NO. / MRS TT NO. / MRS TT NO. / MRS the KY ovided i	1 2 2 ./MS. 3 ./MS. C Applen the K	ication YC App	Form sh blication	aall be un Form	ised. shall be	UK UK UK UR approp	KN No. KN No.	uble	mplete

	(a) Name of	Nominee:											
5. Particulars of nominee (Optional but if desired,					Spouse			Father		Mot	her		
nomination should only be made in case of sole individual and not	(b) Relationship with [Please tick (✓) appr			Brother			Sister		Son				
joint account)	[1 tease tick (*) appr	ορτιαίε σολή	一	Daught	er				-				
[Nomination may be made in terms of requirements of Section 79 of the	(c) CNIC SNIC	NICOP											
Companies Act, 2017, which inter	ARC POC N	D:											
alia requires that person nominated as aforesaid shall not be a person	[Please tick (✓) appr												
other than the following relatives of	(d) Expiry date of CNIC	/SNIC/ NICOP	/ ARC / POC:	Do	on out Num	ala am							
the Sub-Account Holder, namely: a spouse, father, mother, brother,	(e) Passport details:				sport Nunce of Issue								
sister and son or daughter.]	(In case of a foreigne	r or a Pakistan	ii origin)		te of Issue								
D. CDC access: CDC provides <i>FREE 0</i>	F COST services under CI	OC access where	hy Sub-accour		te of Expii	•	ccess to	their accou	ınt related	Linforma	tion		
Dr. CD C weekst CD C provides <u>PADD C</u>	2 COST SOLVICES and C.	o decess where	oy Buo uccour	it Holder	o cum ma vo m			anon accou					
1. Do you wish to subscribe to free o	f cost IVR/Web Servic	e? [Please tick	k (🕶) the ap	propria	te box]			Yes			No		
2. If you are subscribing to IVR and					Contact P								
(a) Date of Birth (b) Mother's Maiden Name:	D D	/	M N	.	/	Y	Y		Y	Y			
E. AUTHORIZATION UNDER SE							EMEN	T OF UN	DERLY	YING T	RADES,		
PLEDGE AND RECOVERY OF PA							ne Cent	ral Depos	itories A	ct, 1997	7 to handle		
Book-entry Securities beneficially own exclusively meant for the following pu		d in my/our Su	ıb-Account ı	naintai	ned with th	ne Partici	ipant fo	r securitie	es transa	ctions th	iat are		
a. For the settlement of any ub. For pledge securities transa	actions with the Clearing										d through the		
Clearing House from time c. For the recovery of paymen		g market purch	ase transacti	ons ma	de by me/	us from t	ime to	time;					
d. Movement by me/us from	time to time of my/our	Book-entry Se	curities fron	my/ou	ır Sub-Acc	count und	der the	Main Aco					
Participant to my/our Sub Account which is under the						articipani	t or to	iliy/our S	ub-Acco	ount und	ier any iviam		
e. Securities transactions whi the CDC Regulations from		ay of a gift of	Securities by	me/us	to my/our	Family	Membe	ers or othe	er persor	ns in acc	ordance with		
f. For the recovery of any cha	arges or losses against ar								ailed; an	id/or			
g. Delivery Transaction made	by me/us for any other	purposes as pr	escribed by	he Con	nmission f	rom time	to time	e.					
Specific authority on each occasion sh purposes as permitted under the applic	able laws and regulation	is.		_	•			•	-				
Note: Please note that above shall serv													
Account Holder(s) and entered in his/h however require specific authority in v													
worth Rs. 500,000/- and above, the ab									_	,			
F. OPERATING INSTRUCTIONS			Namas	of Sign	natory(ies)	\			Specin	non Sign	natures		
1. Signatory(ies) to give instruc		(a)	rvanics	or bigi	iatory(ics)	<i>)</i>			Specin	iicii bigi	iatures		
Participant/TREC Holder pertaining of the Sub-Account / Trading Account		. ,											
(Please specify Sub-Account and tradi		(b)											
instructions in the relevant column ald	ong with names and	(c)											
specimen signatures of authorised sign	natories)	(d)											
2. Operating Instructions in writing	•	Sing	gly (Either or	Surviv	or)			Atto	rney				
[Please (✓) appropriate box] (If client intends to specify different instruc	tion for operation of	Join	tly [any]					_					
Trading Account and Sub-Account, please s Instructions for Sub-Account in column 3 b			ase mention signatories)	the rele	evant numi	bers of							
	,	Sing						Atto	rney				
3. Sub-Account Operating Instruction [Please (✓) appropriate box]								Atto	ппсу				
(Applicable only in case client intends to sp instruction for Trading and Sub-Account)	y in case client intends to specify different operating												
G. SIGNATURES		the :	signatories)										
Name of Applicant:		Date: Place: Signature:											
Name of Joint Applicant No 1:			Date: Place:			Si	ignature	e:					
Name of Joint Applicant No 2:			Date: Place: Date:	ce: Signature:									
Name of Joint Applicant No 3:	Name of Joint Applicant No 3: //we hereby agree to admit the Applicant(s) as the Sub-Account Holder(s) in						Signature:						
shall abide by the same in respect of o	pening, maintenance and	d operation of			ed Terms	anu Conc	iiiions a	as amende	ea from t	ume to t	iine and		
Name of Participant/TREC Holder: LIMITED	KHANANI SECURIT	IES (PVT.)	Dat	e:									

Participant's/TREC 1	Holder's Seal & S	Signatui	re:												
Witnesses:															
1. Name:		_										1			
Signature:	CNIC No:					-								-	
2. Name:		_										1			
Signature:	CNIC No:					-								-	<u> </u>
Enclosures*: 1. Copy of valid CNIC/SNIC/NI 2. Copy of Power of Attorney (il) 3. Copy of Zakat Declaration of 4. Terms and Conditions of relev 5. Juvenile Card / Form-B/ Child * Note: Non-resident/ foreigners sha However, in case of non-resident	f applicable), duly attested the Applicant and the Join ant service provider, as a I Registration Certificate all submit the documents duly	I by notary nt Applican pplicable. (CRC) of th attested by ei	public (sug t (if applica ne minor (if ither notary p	ggested forma able). In case applicable). oublic or Consu	t as annex of Non-M	ure). (uslim, a	an affida having ju	vit shall	be subm	nitted.		Paguire	omant of	· Logoliz	ation
for Foreign Public Documer Authority under the Apostille	nts (Apostille Convention Convention	n), the non-	-resident/ f	foreigner ma	y opt to s	submit t	he requ	isite doc	uments	with the	e Aposti	lle issue	ed by th	e Comp	
H. FOR THE USE OF SEC SERIVICES LIMITED			WHERE	SETTLEN	IENT AN	ND CU	STOD	Y SER	VICES	ARE	PROVI	DIED E	BY ECI	LEAR	
Particulars of Customer Rela	ationship Form verified	1 by :													
Application:	Approved	Rejec	cted	Signa	ature: (Au	uthoriz	ed sign	atory)/S	Stamp		Date:				
Trading Account no. issued:															
Trading Account opened b	y:														
Saved by:				Poste	Posted by:										
Signature:	Date:			Signa	ature:					Date:					
Remarks: (if any)															
I. FOR THE USE OF PAR			SUB-ACC	COUNT IS	<u>OPEND</u>	ED W	ITH E	CLEAI	RSERV	VICES	LIMIT	ED			
Particulars of Customer Rela	ationship Form verified	1 by :													
Application:	Approved	Rejec	cted	Signa	ature: (Au	ıthoriz	ed sign	atory)/S	Stamp		Date:				
Sub-Account no. issued:															
Sub-Account opened by:															
Saved by:		Posted by:													
Signature:	Signa	Signature: Date:													
Remarks: (if any)															
			ACKNO	WLEDGE	MENT I	RECEI	IPT								
Application No: Date of receipt:															
I/We hereby confirm and acknowledge the receipt of duly filled and signed Customer Relationship Form from the following Applicant:															
	[Insert Name of Applicant(s)] Participant's Seal & Signature:														
Dear to Signature															

1. 2. 3. 4.

TERMS AND CONDITIONS

Please read and understand the Terms and Conditions, attached herewith as Annexure A, before signing and executing this form

DECLARATION & UNDERTAKING

I/We, the undersigned Applicant(s), hereby declare/undertake 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 to any financial institution and that I/We have not compounded with my/our creditors;
- d) I/We am/are not an undischarged insolvent;
- e) I/We confirm and acknowledge that I/We have received the Terms and Conditions, duly stamped, dated, and signed by the Compliance Officer of Securities Broker (for the purpose of Trading Account) and Participant (for the purpose of Sub-Account), as an annexure to this Form at the time of signing of this From and have carefully read, understood and accepted the attached Terms and Conditions which are deemed to be a part of this Form and I/We hereby unconditionally and irrevocably agree and undertake to be bound by and to comply with the attached Terms and Conditions and any other terms and conditions provided to me/us and placed on the website of the Securities Broker for the purpose of Trading Account and Participant for the purpose of Sub-Account, which may be notified from time to time with the approval of the concerned authorities modifying or substituting all or any of the attached Terms and Conditions in connection with the opening, maintenance and operation of the Sub-Account / Trading Account, as the case may be;
- f) I/We hereby confirm that the Terms and Conditions shall constitute a Contract between the Parties hereto and govern opening, maintenance and operations of Trading Account, Sub-Account which shall be binding on the Sub-Account Holder as well as the Securities Broker (for the purpose of Trading Account) & Participant (for the purpose of Sub-Account) and sharing of UIN and KYC information to/from NCCPL and ancillary matters connected therewith:
- g) I/We further agrees that agreement executed between the Securities Broker and PCM/T&C (as the case may be) for providing the settlement and custody services will be the integral part of this contract and will be binding on me/us.
- h) The information furnished in this form is complete, valid, true and correct to the best of my/our knowledge and I/We shall inform the Securities Broker (for the purpose of Trading Account) and Participant (for the purpose of Sub-Account) immediately in writing of any change therein;
- i) In case any of the above information is found to be false or misleading or suspension of any material fact, will render my/our Sub-Account/Trading Account or both accounts, as the case may be, liable for termination and I/We shall be subject to further action under the law;
- ia) I/We, being the Applicant(s), hereby authorize that all the information furnished by me/us in the form shall be shared with Centralized Gateway Portal pursuant to requirements prescribed by the Securities & Exchange Commission of Pakistan;
- j) All the documents filed/submitted by me/us for the purpose of this application are genuine and valid, bearing genuine signatures and stamps of duly authorized individuals/representatives and are in accordance with the applicable law;
- k) I/We agree that I/we shall not place any trading order in case of any concern or disagreement with any Terms and Conditions shared by Securities Broker (for the purpose of Trading Account) and Participant (for the purpose of Sub-Account) and placement of trading order shall mean that I/we have affirmed/consented with the Terms and Conditions; and
- 1) I/We hereby now apply for opening, maintaining and operating Sub-Account and Trading Account, as the case may be, with the Securities Broker (for the purpose of Trading Account) and Participant (for the purpose of Sub-Account).

We, the undersigned as Securities Broker and Participant, hereby declare/undertake/confirm that:

- m) We have provided in full the Terms and Conditions attached as an Annexure to this Form to the Customer/Sub-Account Holder at the time of filing of this Form and we hereby further confirm that provided Terms and Conditions are available on our website and update the same immediately upon occurrence of any change in Terms and Conditions. We further confirm that trading account and Sub-Account of customer and Sub-Account Holder shall be activated/opened only upon affirmation of the Terms and Conditions by the customer and Sub-Account Holder; and
- n) We have no doubt or concern that the Terms and Conditions shared with Customer and Sub-Account Holder by us are not updated and has any difference when compared with the specified Terms and Conditions and the attached Terms and Conditions also form part of this Form.

DISCLAIMER FOR CDC ACCESS SERVICES

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 services and Users hereby unconditionally agree that 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 employees 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 any other value added services.

All Users hereby warrant and agree that their access 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.

Signatures:				
Main Applicant	Joint Applicant 1	Joint Applicant 2	Joint Applicant 3	Securities Broker (for trading account) Participant (for Sub-Account)

TERMS AND CONDITIONS

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

These Terms and Conditions shall constitute a Contract between the Parties hereto. This Contract shall govern opening, maintenance and operations of Trading Account, CDC Sub-Account(s) and sharing of UIN and KYC information to/from NCCPL and ancillary matters connected therewith.

GENERAL TERMS AND CONDITIONS

- All Trades, Transactions, including non-Exchange Transactions, Derivative Contracts and deals (jointly referred to as "Transactions") between the
 Parties and Clearing and Settlement thereof and opening, maintenance and operations of Sub-Account in the CDS shall be subject to the Securities Act,
 2015, Central Depositories Act, 1997, Pakistan Stock Exchange Limited (PSX) Regulations, Central Depository Company of Pakistan Limited (CDC)
 Regulations, CKO Regulations, 2017, National Clearing Company of Pakistan Limited (NCCPL) Regulations, the Securities Brokers (Licensing and
 Operations) Regulation, 2016 and Professional Clearing Members Regulations, 2020 including Procedures, Manuals, Polices, Guidelines, Circulars,
 Directives, and Notifications issued and as amended) thereunder by the Securities and Exchange Commission of Pakistan (SECP), PSX, CDC or NCCPL
 from time to time.
- 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. The Securities Broker and Participant shall ensure provision of copies of all the relevant laws, rules and regulations at its office for access to the Sub-Account Holder(s) and Customer(s) during working hours. The Securities Broker and Participant shall ensure that its website contains hyperlinks to the websites/pages on the website of PSX, CDC, NCCPL and the SECP displaying above said regulatory framework for reference of the Customers/ Sub-Account Holder.
- 4. In case of a Joint Account, all obligations and liabilities of the Applicants under these Terms and Conditions shall be joint and several.
- 5. These Terms and Conditions shall be binding on the nominee, legal representative, successors in interest and/or permitted assigns of the respective Parties hereto.
- 6. The Securities Broker and Participant shall provide a list of its Registered Offices and Representatives authorized and employees designated to deal with the Sub-Account Holder(s)/Customer(s) along with their authorized mobile/landline/fax number(s), email and registered addresses. Any change(s) therein shall be intimated in writing to the Sub-Account Holder(s)/Customer(s) with immediate effect.
- 7. Subject to applicable laws, the Securities Broker and Participant shall maintain strict confidentiality of the Customer related information and shall not disclose the same to any third party. However, in case the SECP, PSX, CDC or any competent authority under the law, as the case may be, requires any such information, the Securities Broker and Participant shall be obliged to disclose the same for which the Customer shall not raise any objection whatsoever.
- 8. The Securities Broker and Participant shall independently verify any of the Customer's related information provided in this Form and under the relevant laws, rules and regulations for the purpose of KYC.
- 9. In case of any change in the Customer's related information provided in this Form, the Customer shall provide necessary details to the Participant and Securities Broker. Upon receipt of instruction from the Customer, the Participant and Securities Broker shall give effect to such changes in the manner prescribed under the relevant regulations. The Participant and Securities Broker shall have the right to incorporate any change(s) in the Sub-Account Holder(s)/Customer's information in the CDS as sent by NCCPL as CKO and that such change(s) shall be deemed to have been authorized by the Sub-Account Holder(s)/Customer(s). In case of any change in the Participant's and Securities Broker's address or contact numbers or any other related information, the Securities Broker and Participant shall immediately notify the Sub-Account Holder(s)/Customer(s).
- 10. Any change in this Form or these Terms and Conditions by virtue of any changes in the aforesaid legal frameworks shall be deemed to have been incorporated and modified the rights and duties of the Parties hereto. Such change(s) shall be immediately communicated by the Securities Broker and Participant to the Sub-Account Holder(s)/Customer(s).
- 11. The Securities Broker and Participant and the Customer shall be entitled to terminate this Contract without giving any reasons to each other after giving notice in writing of not less than one month to the other Party. Notwithstanding any such termination, all rights, liabilities and obligations of the Parties arising out of or in respect of Transactions entered into prior to the termination of this Contract shall continue to subsist and vest in /be binding on the respective Parties or his /her/ its respective heirs, executors, administrators, legal representatives or successors in interest and permissible assigns, as the case may be. Closure of Sub-Account of the Customer under this clause shall be subject to the condition that neither any corporate action is pending at that point of time in connection with any Book-entry Securities in the Sub-Account nor any Book-Entry Securities are in Pledged Position and that the outstanding dues, if any, payable by any Party to the other Party is cleared and that the Customer has transferred or withdrawn all the Book-Entry Securities from his/her Sub-Account.
- 12. Where applicable, the terms "Sub-Account Holder" and "Participant" used in this Form shall include the "Customer" and "Securities Broker/TRE Certificate Holder" respectively.
- 13. The Securities Broker and Participant should ensure due protection to the Sub-Account Holder / Customer regarding rights to dividend, rights or bonus shares etc. in respect of transactions routed through it 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.
- 14. The Participant and Securities Broker shall ensure that duly filled in and signed copy of this form along with the acknowledgement receipt is provided to the Sub-Account Holder.

TERMS AND CONDITIONS FOR OPENING AND OPERATIONS OF CDC SUB-ACCOUNT

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. The Registration Details and such other information specified by the Applicant in this form for opening of the Sub-Account shall appear in the Sub-Account to be established by the Participant in the CDS who shall ensure the correctness and completeness of the same.
- 2. The Book-entry Securities owned by the Sub-Account Holder shall be exclusively entered in the Sub-Account of such Sub-Account Holder.
- 3. 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 (E) above pursuant to Section 12 and 24 of the Central Depositories Act, 1997. Such authorization shall constitutes 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.
- 4. 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/her Sub-Account under the control of the Participant. Such instructions, among other matters, may include closing of Sub-Account.
- 5. 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/her 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.
- 6. 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 Central Depositories Act, 1997, 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 3 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 through market-based or Negotiated Deal Market sell transaction or in accordance with the Procedures and apply the net proceeds thereof towards the adjustment of such outstanding payment, charges and/or losses.

- 7. 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/her Controlling Account Holder and Participant shall extend full cooperation to the Sub-Account Holder in every regard, without prejudice to its right of recovery of any dues or receivable from the Sub-Account Holder.
- 8. 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.
- 9. The Participant is not acting under this application form as Investment Manager or Investment Advisor to the Sub-Account Holder(s).

TERMS AND CONDITIONS FOR TRADING ACCOUNT

- 1. In case any dispute in connection with the Transaction between the Securities Broker and the Customer is not settled amicably, either Party may refer the same to the Arbitration in accordance with the arbitration procedures prescribed in PSX Regulations. The decision of arbitrators shall be binding on both the Parties subject to their rights of appeal in the manner provided in PSX Regulations, if exercised. The name and other relevant particulars of the Customer shall be placed on PSX's website accessible to Securities Brokers if the Customer fails or refuses to abide by or carryout any arbitration award passed against him/her and the Customer shall have no objection to the same.
- 2. The assets deposited as margin by a Customer with the Securities Broker shall only be used by the Securities Broker for the purposes of dealing in securities through PSX on behalf of such Customer other than as authorized by the Customer in writing in the manner prescribed under the relevant regulations.
- 3. The Securities Broker may deposit unutilized funds of the Customers in a separate profit-bearing bank account and shall distribute profit to the Customers out of total profit offered by bank(s) on such funds, unless specified otherwise in writing by the Customer.
- 4. The Securities Broker shall be authorized to act on the instructions of the Customers given through any of the following modes of communication unless specifically designated by the Customer in the Form:
 - a. Telephonic communication over a dedicated telephone line(s) routed through centralized call recording system;
 - b. Email/SMS/Fax/Letter on the authorized email address/mobile/fax/address of the Securities Brokers;
 - Verbal orders placed through personal appearance in the registered office subject to receipt of written acknowledgement of such inperson orders by Securities Brokers.
- 5. The Securities Broker shall make out the Contract Note (physical or electronic form) to the Customers in respect of trades executed on their behalf based on their order instructions not later than the start of next trading day as required under the Securities Brokers (Licensing and Operations) Regulations, 2016 through any of the following acceptable modes of communication unless specifically designated by the Customer in the Form:

 (a)Recognized courier service;
 - (b) Registered Post at given correspondence address;
 - (c)Facsimile number provided on the Form;
 - (d) By hand subject to receipt/acknowledgement; or
 - (e)Email provided on the Form in case of Electronic Contract Note.

All such transactions recorded by the Securities Broker in the prescribed manner shall be conclusive and binding upon the Customer unless the Customer raises observation relating to unauthorized execution of such transaction or any error in the Contract Note within one trading day of the receipt of such Contract Note.

In the event of any dispute relating to order placement or executing of orders, the burden of proof shall be on the Securities Brokers to establish the authenticity of such order placement or execution thereof.

- 6. In case the Customer fails to deposit additional margins within one trading day of the margin call (in writing), the Securities Broker shall have absolute discretion to liquidate the Customer's outstanding positions including the securities purchased and carried in such account to meet the margin shortfall without further notice to the Customer.
- 7. The Securities Broker shall be responsible for the payment of any credit cash balance available in the account of the Customer through cross cheques or other banking channels (instruments) only within one (1) trading day of the request of the Customer subject to the maintenance of the margin requirements.
- 8. The Customer is aware that in the event of his/her non- payment on settlement day against securities bought on his/her account, the Securities Broker may transfer such securities to its Collateral Account under intimation to PSX in the manner as provided in PSX Regulations.
- 9. The Securities Broker shall accept from the Customer payments through "A/c Payee Only" crossed cheque, bank drafts, pay orders or other banking channels drawn on Customer's own bank account in case of amounts in excess of Rs. 25,000/-. Electronic transfer of funds to the Securities Broker through banks would be regarded as good as cheque. The Securities Broker shall provide the receipt to the Customer(s) in the name of the Customers duly signed by its authorized employee and the Customer(s) shall be responsible to obtain the receipt thereof. In case of cash dealings, proper receipt will be taken and given to the Customer(s), specifically mentioning if payment is for margin or the purchase of securities. The Securities 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 Securities Broker to accept cash in excess of Rs.25,000/-, the Securities Broker shall immediately report within one trading day such instances with rationale thereof to the PSX in accordance with the mechanism prescribed by PSX.
- 10. The Securities Brokers shall make all payments to the Customers through crossed cheques / bank drafts / pay orders or any other banking channels 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 prescribed under the Securities Brokers (Licensing and Operations) Regulations, 2016.
- 11. The Securities Broker shall provide to the Customers a quarterly Account Statement which shall include cash and securities ledgers as back office and CDC Sub-Account records along with reconciliation of any differences therein through any of the aforesaid modes of communication. In case of any discrepancy in the ledger statement, the Customer shall inform the Securities Broker within seven (7) days of receipt of the quarterly account statement to remove such discrepancy. Further, the Securities Broker shall provide to a Customer an Account Statement for a period specified by the Customer as and when requested by such Customer.
- 12. The Customer shall pay all applicable taxes and statutory and regulatory fee and levies and brokerage commissions as are prevailing from time to time in connection with the brokerage services rendered. The Securities Broker/Participant can debit up to the accrued amount of levies and charges the account of the Customers for the abovementioned charges, which shall be clearly detailed in the ledger statement/daily confirmations. Any change resulting in an increase in the brokerage commission shall take effect not earlier than thirty (30) trading days of intimation of the same to the Customers through acceptable mode of communication prescribed in the Form.
- 13. The Securities Broker shall append a Risk Disclosure Document with this Form in accordance with the specimen provided by PSX.

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

EClear Services Limited

Mezzanine Floor, South Tower, LSE Plaza, 19 – Khayaban-e-Aiwan -e-Iqbal, Lahore. 042-36302771-2 info@eclear.com.pk Khanani Securities (Pvt) Limited

Room No. 638,6th Floor, Stock Exchange Building, Karachi 021-3410494, 32421752 info@khanani.com.pk