

Nature of Account

Single

Joint

KHANANI SECURITIES (PVT.) LIMITED

Corporale Member: THE KARACHI STOCK EXCHANGE (GUARANTEE) LTD. 638, Stock Exchange Building, Stock Exchange Road, Karachi-Pakistan. Office: 32410494, 32421752, 32430126, 32413750, 32460794

For Official use of Participant only								
Application Form No.:								
CDS Participant ID:								
Sub-Account No.:								
Trading Account No.: (if applicable)								

SUB-ACCOUNT OPENING FORM FOR INDIVIDUAL

(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)

(Please use BLOCK LETTERS to, fill the form)

I/We hereby apply for opening of my/or (hereinafter referred to as "Participant") maintai ("CDC"). My/our particulars are given as under	ned in	the Ce	ount und entral Dep	er th ositor	e Acco y System	unt Fa	amily o	of KH e Centr	ANAN al Dep	NI SEC	URITI	ES (P)	VT.) Li Pakista	IMITED.	i
A. REGISTRATION (AND OTHER) DETAILS		IAIN A	APLICANT	Т	Sin	8	MARK	Y	255	Miles.	214		1	001810	
1. Full name of Applicant (As per CNIC/NIC	COP/P	asspor	t) MR./ N	ARS. /	MS.					41.					
2. Father's/Husband's Applicant:									1						
3. Contact Details of Main Applicant:									-	1.0	- 19				
(a) Permanent Address: (Address should be different from Particip	ant's a	ddress)							•					
4															
(b) Mailing Address:															
(c) Contact No.:															
(d) Fax: (optional)					(e) Em	ail: nal)									
 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:	Pa	ssport	Number:		Place of Issue:										
(For a foreigner or a Pakistani origin)	D:	Date of Issue:						D	Date of Expiry:						
9. Details of Contact Person: [Note: Contact Where Contact Person is the Main Applicant or in (a) to (h) below]	t Person any of	n shall the Joir	not be the nt Applicat	e perso tion, P	on other lease on	the Ma ly provi	in Appl ide the i	licant, name b	any on selow:	e of the In case	of Atto	Applica irney, p	nt or th lease p	eir Attorr rovide de	iey: tails
(a) Name: MR. / MRS./ MS.													110		
(b) Relationship/Association of the Attorney	with th	e Mair	n applicar	nt:										T.	
(c) Address:															
(d) Computerized National Identity Card No.						-					12	Т		-	
(e) Expiry Date of CNIC:									_				_		i
(f) Contact No:	(d) Fax (options						- (e) Ema							
10. Shareholder's Category:				INI	DIVIDU	AL									
44 (v) O	AG	RICUL	TURIST		BU	BUSINESS			HOUSEWIFE				HOUSEHOLD		
11. (a) Occupation: [Please tick ([]) the appropriate box]	RET	IRED	PERSON		STUDENT		BUSINESS EXEC.				INDU	STRIALIS	Г		
	PRO	DFESSI	ONAL		SER	SERVICE CO			CONSULTANT OTH				OTHE	ERS (specify)	
(b) Name of Employer / Business:				2	(c) }	ob Title	e/Qesig	nation	:						
(d) Address of Employer / Business:															1

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

B. REGISTRATION (AND OTHER) DETAILS	OF THE J	OINT	T APP	LICAN	T(S)						-				465
	PERSONA	LIN	FORA	OITAN	N-JO	INT AP	PLICA	NT NO), 1	150		ALC:			
1. Full Name of Applicant (As per CNIC/NI	COP/PAS	SPOR	M (TS	R./MR	s./Ms										
2. Father's/Husband's Applicant:															
3. Permanent Address: (Address should be different from Participant'	s address)														
4. (a) Contact No:															
5. (a) Computerized National Identity Card No: (For resident Pakistani)	resident Pakistani)													-	
6. Expiry Date CNIC:		-				_	_	_	_	-	_	_	1		
7. NICOP No: (For non resident Pakistani)						-								-	
8. Expiry Date NICOP:															
9. Passport Details: (For a foreigner or a Pakistani origin)				rt Nurr f Issue:						ce of Is					
	AGRIC	CULT	URIST			BUSIN	ESS		HOUS	SEWIFE			HOU	SEHOL	D
10. (a) Occupation:	RETIR	ED PE	ERSO	N.		STUDI	NT		BUSIN	VESS EX	KEC.	-	INDL	STRIA	LIST
Please tick (>) the appropriate box	PROFE	ESSIO	NAL			SERVIC	E		CONS	ULTA	NT.		OTHE	RS (sp	ecify)
(b) Name of Employer/Business:						(c) Job	Title/D	esigna	ition:		20				-
(d) Address of Employer/Business:					- 10										
	PERSONA	AL IN	IFORM	MATIO	N-JO	INT AP	PLICA	NT NO	0. 2	CIN					
1. Full Name of Applicant (As per CNIC/NI	COP/PAS	SPOR	M (TS	R./MR	s./Ms										
2. Father's/Husband's Applicant:															
3. Permanent Address: (Address should be different from Participan	's address)													
4. (a) Contact No:	(b) Fax: ((optio	mal)				,	(0	:) Email:	il: (optional)					
 (a) Computerized National Identity Card No: (For resident Pakistani) 						-						L		_	
6. Expiry Date CNIC:				1		-	-	,	_	-	_	_	-	-	1
7. NICOP No: (For non resident Pakistani)						-			0					-	
8. Expiry Date NICOP:			-V/41/2-	War I			100								
9. Passport Details:	***************************************	Passport Number:						Place of Issue:							
(For a foreigner or a Pakistani origin)		Date of Issue:									Date of Expiry:				
	AGRIC	CULT	TURIST			BUSINESS			HOUSEWIFE				HOUSEHOLD		
10. (a) Occupation: [Please tick () the appropriate box]	RETIR	ED PI	PERSON			STUDENT			BUSINESS EXEC.				INDUSTRIALIST		
	PROFI	ESSIC	DNAL							CONSULTANT OTHERS (specifi					
(b) Name of Employer/Business:				_		(c) Job	Title/I	Design	ation:			-			
(d) Address of Employer/Business:	man de Constitution		and the same of	NAME OF TAXABLE PARTY.	O.B. Orac	00000000	MONTHS		NI POWER	neuroni.	-	DEMEN	THE REAL PROPERTY.	-	NEW PROPERTY.
	PERSON/	Name and	A DESCRIPTION OF THE PERSON OF	STATE OF THE PERSON		CONTRACTOR OF THE PERSON NAMED IN	PLICA	NT NO	0, 3					1000	
1. Full Name of Applicant (As per CNIC/NI	COP/PAS	SPOR	RT) M	R./MR	S./MS			-			-				
Father's/Husband's Applicant: Permanent Address: (Address should be different from Participant)	(a addans)		-		10000		-								
4. (a) Contact No:	(b) Fax: (nall		-			-	le) Email	: (option	nal)			
(a) Contact No: (b) Computerized National Identity Card No: (For resident Pakistani)	1071.00.1		- today			1-	T						I	T -	
6. Expiry Date CNIC:	201														
7. NICOP No: (For non resident Pakistani)				1		-								-	
8. Expiry Date NICOP:						The state of		200110		- 1					
9. Passport Details:		-		ort Nur						ce of l					
(For a foreigner or a Pakistani origin)	Inches	_		of Issue	10	DI VOI	ere e		_	te of E			Luci	CELLO	D
10. (a) Occupation:	AGRIC	-			100	BUSIN		-		SEWIF			-	SEHOL	
[Please tick (✓) the appropriate box]	RETIR			N		STUD		-	BUSINESS EXEC.				OTHERS (specifi		
	PROF	ESSIC	JNAL			SERVI	-	t octor	Property and the last	SULTA	NI		LOIH	K5 (5p	есну)
(b) Name of Employer/Business:						(c) Job	Title/C	esigna	scion;					-	
(d) Address of Employer/Business:			1									-	Salara Salara	100000	-

Signatures:

Main Applicant 1 Joint Applicant 1 Joint Applicant 2 Joint Applicant 3

C. OTHER INFORMATION										10	12.5		100	FIE					-
1. Dividend Mandate [Please tick	(~) the	approp	riate box		Yes		No	Ify	es, p	lease j	provid	e follo	owing	details	12			7	
(a) Account Title:									(b) Account No:										
(c) Name of Bank:								(d) Branch											
(e) Address:					-														
2. National Tax No. (Optional)																			_
3. Nationality:									_					_		_	-		
4. Residential Status [Please tick () the ap	ppropria	ate box]			Re	sident		- ^	Ion Re	esiden	t	Repat	riable		Ne	n Rep	atria	able
		Pakis	tani	Things:		1				Г	1	1	Г	7			Г	7	
		Pakis	tani Orig	in		1	=			F	1		-	1			-	7	
			gn Nation			1	=			-	1		-	=	+			7	
5. If your maintainig any Spec	ial	No. of the last	RA Acco	-11					(h) B	lank N	lamar	_	-		1			_	
Convertible Rupee Account ("SCR please provide details in (a) to	A")		Messall					_	(0) 0	HALLE IN	edine.		,			_		-	_
prease provide details in (a) to	(c):	(C) Bra	anch Deta	aus:				-			mi	2000	SVIVIE		174				
6. Zakat Status:													ick (~		ppro	pria	te box		
										1			ayable						
(If, according to Figh of the Application on prescribed format)	ant(s) Za shall be s	kat ded submitte	uction is ed with t	not app he conc	licable, erned i	then r	elevant and the			Mus	lim Z	akat n	on-pa	yable					
Participant)									Non-Muslim .										
										Not	Appli	cable							
	(a)Nam	e of No	minees:																
* * * * * * *	(b) Father's/Husband's Name:																		
7. Particulars of nominee (Optional but if desired,									Spe	ouse			Fath	er]/	Nathe	r	
nomination should onlybemade in case of sole individual and not		(c) Relationship with Main Applicant: [Pleae tick () appropriate box]							Bro	other			Siste	r		7	on*		
joint account)								一	Da	ughte	r*		*Inc	lucting	ster	ora	dont	ad c	hild
	(d) Add	(d) Address:																	
(In case of death of Sub-Account Holder, Nomination may be made	(e) CNIC No: (in case of resident Pakistani)								T	T	T	T					Т	Т	T
in terms of requirements of Section	-	Expiry date of CNIC:						_	_	_	-	-	-			_	-	_	
80 of the Companies Ordinance, 1984, which inter alia requires	(g) NICOP No:							_	T	T	T	T					T		T
that person nominated as of resaid shall not be a person	-		resident		ii)			_	_	_	\perp								
other than the following relatives	(h) Expi	ry date	of NICO	P:			L						_			_			
of the Sub-Account Holder, namely: a spouse, father, mother,	*****							sport											
brother, sister and son or daughter, including a step or adopted child.]	(i) Passp			a Daline	tanl ad	of the A	Place of Issue:												
and a step of mapping come.	(iii) Case	or a ror	eigner or	a rakisi	апі оп	gnij	Dat	e of Is	ssue:										
							Dat	e of E	xpirt	y:									
	(j) Conta	act No:							(k) Fax: (optional)										
	(l) E-mai																		
(D) CDC SMS / IVR/WEB SERVICES							OKES!				1	40:						1	
CDC provides FREE OF COST services, who	re alerts	are sen	ccess wh	ver cert	ub-acci	ount h	olders o	an ha	ive r	eal tin	ne acc	cludio	their	accou	int re	elate	d info	rma	tion
(a) For SMS Services, please provide							_	ace m	, suu	acco	unt m	Cruun	ig seci	armes	mov	eme	nc, pi	eage	e etc.
(b) If you do not wish to subscribe to	_	-	-		mact f	CISUIC		- 1											
2. Do you wish to subsribe for free o		Superior Contract			1 the	approv	riate h	oxl	T	71				T	7				
3. Do you which to subscribe to free									1 -	=				-	+				
4. If you are subscribing to IVR and/						-				t Pore	on								
(a) Date of Birth (DD/MM/YYYYY)		S. FICE,	Picase pi	/	- AND WHAT	5 detai	.5 51 yo	/	intac	reis	VII.								
(b) Mother's Maiden Name:						le) Email	Adde	ess	-	1 1 1 1 1								
Signatures:				-		1,0	- LITHEIT	- varial	2001	-						_		_	

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

E. SUB-ACCOUNT OPERATING INSTRUCTIONS											
		Names of Signatory(ies)	Specimen Signatures								
Signatory(ies) to give instructions to the participant, pertaining to the operations of the Sub-Account.	(a)										
	(b)										
(Please specify sub-account operating instructions in the relevant column along with names (ind. specimen signatures of	(c)										
authorised Signatory (ies)	(d)										
		Either (Singly) or Survivor	Attorney								
Sub-Account Operating Instructions: [Please () appropriate box]	H	Jointly (any)	Any other								
It cense is, 1 mbhach une sooit		Jointly lany!	Any obles								
	-										
F. BANK VERIFICATION The following information is required to be verified by the Bank Mar	anar onl		c account								
Particulars of Main Applicant:	sager ont	where the Main Applicant is maintaining bank	K account								
Bank Account Title:	CNI	No: -									
Bank Account No:	CINI										
Address Applicant											
Signature of Applicant											
We do hereby verify the above particular and signature of our above	e accoun	t holder:	1. 10								
Particulars of Bank Manager / Authorized Offers:			MINNEY NO BET								
Name:	C	Contact No(s):									
E-mail:	5	gnature & Rubber Stamp:									
I/we, the underigned, hereby give my/our express authority to the handle Book-entry Securities beneficially owned by me/us and that are exclusively meant for the following purpose: a. For the settlement of any underlying market transactions (the bull of the settlement) is the settlement of the sett	entered trades) in e or a Cl	n my/our Sub-Account maintained with the icluding off market transactions made by us	Participant for securities transaction from time to time;								
For the recovery of payment against any underlying market Movement by me/us from time to time of my/our Book-en Participant to my/our Sub-Account under another Main / Account which is under the control of another Participant	try Secu	rities from m /our Sub-Account under the M under the control of the Participant or to n	ain Account under the control of the								
 Securities Transactions which has been made by way of with the CDC Regurlations from time to time; 	a gift of	securities by me/us to my/our faimly mem	bers or other persons in accordance								
f. Securities transactions pertaining to any lending or borrowing	ng of Sec	urities made by me/us from time to time in a	ccordance with the CDC Regulations;								
g. For the recovery of any charges or losses against any or al	of the a	bove transactions carried out by us or servi	ces availed; and/or								
h. Delivery Transaction made by me/us for any	other	purposes as prescribed by the Co	mmission from time to time.								
Specific authority on each occasion shall be given by me/us to t as permited under the applicable laws and regulations.	he Partic	ipant for handing of Book-entry Securities of	owned by me/us for all other purpose								
Note: Please note that above shall serve as a one-time fixed undersigned Sub-Account Holder(s) and entered in his/her/the all other purpose should however require specific authority in handing of Book-entry Securities worth Rs. 500,000/- and a	eir Sub-A writing	account maintained with the Participant. I from the undersigned Sub-Account Holde	landing of Book-entry Securities for er(s) in favour of the Participant. For								

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

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;

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

IMPORTANT

Please read and understand the Terms and Conditions before signing and excuting 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:

- 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 duty signed by the Applicant (and joint Applicants if any) and the Participant or any authorized person of the Participant.
- 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.
- 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).
- 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 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.
- 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 tr> 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 offer IVR/ Web/ SMS (COS access) facility to the Sub-Account Holder as a mandatory requirement.
- 22. 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

DECLARATION & UNDERTAKING

I/We, the undersigned, hereby declare that:

I/We am/are not minor(s);

I/We am/are of sound mind;

I/We have not applied to be adjudicated as an is solvent and that I/We have not suspended payment and that I/We have not compounded with c) my/our creditors;

We arrylare not an undischarged insolvent;
I/We confirm having read and understood the above Terms and Conditions and I/We hereby unconditionally and irrevocably agree and understake 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 Condition in connection with the opening, maintenance and operation of the Sub-Account.

I/We, being the Applicant(s), hereby further confirm that all the information contained in this form is true and correct to the best of my/our knowledge as on the date of making this application.

I/We further agree that any false/misleading information by me/us or suspension of any material fact will render my/our Sub-Account liable for termination and further action under the law; and

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 services and User 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 of 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, offices and employees for the time being in office and held them harmless from and against and losses, damages, costs and expenses incurred or suffered by them as a consequence of use of the IVR system, internet/web access, SMS of 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 Uses-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, internetWeb access, SMS or any other value added services agree to all the terms and condition and term 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:	3	Date: Place:		Signature Signature							
Name of Joint Applica	ant No 1:	Date: Place:									
Name of Joint Applica	ant No 2:	Date: Place:		Signature							
Name of Joint Applica	ant No 3:	Date: Place:		Signature							
We hereby agree to adr abide by the same in res Name of Participant:		Holder(s) in terms of ation of such Sub-Acc	the above Terms and ount. Date:	Condition as an	nended from ti	me to time .	and shall				
Participant's Seal & S	ignature										
Witnesses:											
1. Name	CNIC No:		-				-				
Signature											
2. Name	CNIC No:						-				
Signature											

Enclosure:

Attested copy of CNIC / NICOP / Passport of the Applicants / Joint Applicant / nominee(s) as the case may be)
Duly notarised Power of Atterney* (if applicable)
Zakat Declaration of the Applicant and the Joint Applicant (if applicable)
Attested copy of NTN Certificate (if applicable)

Where the Applicant is a non-resident or foreign company/entity, duly consularized copy of Power of Atterney by the Consul General of Pakistan having jurisdiction over the Applicant(s) should be submitted.

Signatures:

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

H. FOR THE US	E OF PARTI	ICIPANT O	NLY											
Particulars of Su	b-Account (Opening Fo	rm v	erified	by:									
							Stamp:							
Application:		Approve	1			Rejected	Signature (Authorized signatory)	Date:						
Sub-Account issue	d:			110										
Account opened b	y:				19									
Saved by:					· ·		Posted by:							
Signature: Date:						Signature:	Date:							
Remarks: (if any)														

ACKNOWLEGEMENT RECEIPT									
Application No:	Date of receipt:								
I/we confirm and acknowlege the receipt of duty filled and signed Sub-Accou	nt Opening Form from the following Applicant:								
[Insert Name of Applicant(s)]	Participant's Seal & Signature								
1.									
2.									
3.									
4.									

ACKNOWLEGEMENT RECEIPT									
Application No:	Date of receipt:								
I/we confirm and acknowlege the receipt of duty filled and signed	d Sub-Account Opening Form from the following Applicant:	-							
[Insert Name of Applicant(s)]	Participant's Seal & Signature								
1.									
2.		=							
3.									
4.									

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