



KHANANI SECURITIES (PVT.) LIMITED

Corporate 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)

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 KHANANI SECURITIES (PVT.) LIMITED., (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 Applicant:									
3. Contact Details of Main Applicant:									
(a) Permanent Address: (Address should be different from Participant's address)									
(b) Mailing Address:									
(c) Contact No.:									
(d) Fax: (optional)					(e) Email: (optional)				
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 the Main Applicant, any one of the Joint Applicant or their Attorney: Where Contact Person is the Main Applicant or any of the Joint Application, 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:			(d) Fax: (optional)			(e) Email: (optional)			
10. Shareholder's Category: INDIVIDUAL									
11. (a) Occupation: (Please tick (<input type="checkbox"/>) the appropriate box)									
		AGRICULTURIST		BUSINESS		HOUSEWIFE		HOUSEHOLD	
		RETIRED PERSON		STUDENT		BUSINESS EXEC.		INDUSTRIALIST	
		PROFESSIONAL		SERVICE		CONSULTANT		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

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 Applicant:									
3. Permanent Address: <i>(Address should be different from Participant's address)</i>									
4. (a) Contact No:			(b) Fax: (optional)				(c) Email: (optional)		
5. (a) Computerized National Identity Card No: <i>(For resident Pakistani)</i>									
6. Expiry Date CNIC:									
7. NICOP No: <i>(For non resident Pakistani)</i>									
8. Expiry Date NICOP:									
9. Passport Details: <i>(For a foreigner or a Pakistani origin)</i>			Passport Number:				Place of Issue:		
			Date of Issue:				Date of Expiry:		
10. (a) Occupation: <i>(Please tick (✓) the appropriate box)</i>			AGRICULTURIST	BUSINESS	HOUSEWIFE	HOUSEHOLD			
			RETIRED PERSON	STUDENT	BUSINESS EXEC.	INDUSTRIALIST			
			PROFESSIONAL	SERVICE	CONSULTANT	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 Applicant:									
3. Permanent Address: <i>(Address should be different from Participant's address)</i>									
4. (a) Contact No:			(b) Fax: (optional)				(c) Email: (optional)		
5. (a) Computerized National Identity Card No: <i>(For resident Pakistani)</i>									
6. Expiry Date CNIC:									
7. NICOP No: <i>(For non resident Pakistani)</i>									
8. Expiry Date NICOP:									
9. Passport Details: <i>(For a foreigner or a Pakistani origin)</i>			Passport Number:				Place of Issue:		
			Date of Issue:				Date of Expiry:		
10. (a) Occupation: <i>(Please tick (✓) the appropriate box)</i>			AGRICULTURIST	BUSINESS	HOUSEWIFE	HOUSEHOLD			
			RETIRED PERSON	STUDENT	BUSINESS EXEC.	INDUSTRIALIST			
			PROFESSIONAL	SERVICE	CONSULTANT	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 Applicant:									
3. Permanent Address: <i>(Address should be different from Participant's address)</i>									
4. (a) Contact No:			(b) Fax: (optional)				(c) Email: (optional)		
5. (a) Computerized National Identity Card No: <i>(For resident Pakistani)</i>									
6. Expiry Date CNIC:									
7. NICOP No: <i>(For non resident Pakistani)</i>									
8. Expiry Date NICOP:									
9. Passport Details: <i>(For a foreigner or a Pakistani origin)</i>			Passport Number:				Place of Issue:		
			Date of Issue:				Date of Expiry:		
10. (a) Occupation: <i>(Please tick (✓) the appropriate box)</i>			AGRICULTURIST	BUSINESS	HOUSEWIFE	HOUSEHOLD			
			RETIRED PERSON	STUDENT	BUSINESS EXEC.	INDUSTRIALIST			
			PROFESSIONAL	SERVICE	CONSULTANT	OTHERS (specify)			
(b) Name of Employer/Business:					(c) Job Title/Designation:				
(d) Address of Employer/Business:									

Signatures:

Main ApplicantJoint Applicant 1Joint Applicant 2Joint Applicant 3Participant

C. OTHER INFORMATION

1. Dividend Mandate [Please tick (✓) the appropriate box] 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 [Please tick (✓) the appropriate box]	Resident	Non Resident	Repatriable	Non Repatriable
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani Origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign National	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: <i>(If, according to 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)</i>	Please tick (✓) the appropriate box	
	<input type="checkbox"/>	Muslim Zakat payable
	<input type="checkbox"/>	Muslim Zakat non-payable
	<input type="checkbox"/>	Non-Muslim
	<input type="checkbox"/>	Not Applicable

7. Particulars of nominee (Optional but if desired, nomination should only be made in case of sole individual and not joint account) <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 of record 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>	(a) Name of Nominees:				
	(b) Father's/Husband's Name:				
	(c) Relationship with Main Applicant: <i>(Please tick (✓) appropriate box)</i>	<input type="checkbox"/>	Spouse	<input type="checkbox"/>	Father
		<input type="checkbox"/>	Brother	<input type="checkbox"/>	Sister
		<input type="checkbox"/>	Daughter*	*Including step or adopted child	
	(d) Address:				
	(e) CNIC No: <i>(in case of resident Pakistani)</i>				
	(f) Expiry date of CNIC:				
	(g) NICOP No: <i>(In case of non-resident Pakistani)</i>				
	(h) Expiry date of NICOP:				
(i) Passport details: <i>(In case of a foreigner or a Pakistani origin)</i>	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. SMS in part of such services, where alerts are sent whenever certain activities take place in sub-account including securities movement, pledge etc.

(a) For SMS Services, please provide local mobile number of your Contact Person:
(b) If you do not wish to subscribe to SMS Service, please sign here:

2. Do you wish to subscribe for free of cost IVR Service? [Please tick (✓) the appropriate box]

3. Do you wish to subscribe to free of cost Web Service? [Please tick (✓) the appropriate box]

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:	

Signatures:

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

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

Participant

H. FOR THE USE OF PARTICIPANT ONLY:			
Particulars of Sub-Account Opening Form verified by:			
		Stamp:	
Application:	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	Signature (Authorized signatory) Date:
Sub-Account 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 confirm and acknowledge the receipt of duty 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.	

ACKNOWLEDGEMENT RECEIPT	
Application No:	Date of receipt:
<i>I/we confirm and acknowledge the receipt of duty 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.	