

**APEX CAPITAL SECURITIES (PVT.) LIMITED**

TREC HOLDER: The Pakistan Stock Exchange Ltd

Address: Room No.439-440, 4<sup>th</sup> Floor Stock Exchange Building, Stock Exchange Road, Karachi.

Ph: #021-32466912-13, 02132464067-68, 021-32466924-26,

E-mail: [apexcapkse@yahoo.com](mailto:apexcapkse@yahoo.com), Website, <http://apexcapitalsec.com>**KNOW YOUR CUSTOMER (KYC) APPLICATION FOR INDIVIDUAL**(Please use **BLOCK LETTERS** to fill the form)

<b>A. IDENTITY DETAILS OF APPLICANT</b>								
1. Full name of Applicant (As per CNIC/SNIC/NICOP/ARC/POC/Passport) Mr. / Mrs. / Ms.								
2. Father's / Husband's Name:								
3. a. Nationality:	b. Marital status:	Single <input type="checkbox"/> Married <input type="checkbox"/>	c. Status: Resident <input type="checkbox"/> Non-resident <input type="checkbox"/>					
4. a. CNIC/ SNIC/NICOP/ARC/POC No.								
b. Expiry Date:								
5. Passport details: <i>(For a foreigner or a non-resident Pakistani)</i>	Passport Number:	Place of Issue:						
	Date of issue:	Date of Expiry:						
6. Date of Birth:								
<b>B. ADDRESS DETAIL OF APPLICANT</b>								
1. (a) Mailing Address: <i>(Address should be different from authorized intermediary business address except for employees of authorized intermediary)</i>								
City/Town/Village:	Province/State:	Country:						
(b) Tel. (Off.):*	(c) Tel. (Res.):*	(d) Mobile**:						
(e) Email**:		(f) Fax*:						
Specify the proof of address submitted for mailing address:								
2. (a) Permanent Address: <i>(mandatory for all applicants- fill out if different from mailing address)</i>								
City/Town/Village:	Province/State:	Country:						
(b) Tel. (Off.):*	(c) Tel. (Res.):*	(d) Mobile:						
(e) Fax*:	(f) Email (If any):							
Specify the proof of address submitted for permanent address:								
<b>C. OTHER DETAILS</b>								
1. Gross Annual Income Details (please specify):								
<input type="checkbox"/> Up to Rs. 100,000 <input type="checkbox"/> Rs. 250,001 - Rs. 500,000 <input type="checkbox"/> Rs. 1,000,001 - Rs. 2,500,000 <input type="checkbox"/> Rs. 100,001 - Rs. 250,000 <input type="checkbox"/> Rs. 500,001 - Rs. 1,000,000 <input type="checkbox"/> Above Rs 2,500,000								
2. Source of Income:								
3. Shareholder's/Unit Holder's Category: <b>INDIVIDUAL</b>								
4. (a) Occupation: <i>[Please tick (v) the appropriate box]</i>	<input type="checkbox"/>	Agriculturist	<input type="checkbox"/>	Business	<input type="checkbox"/>	Housewife	<input type="checkbox"/>	Household
	<input type="checkbox"/>	Retired Person	<input type="checkbox"/>	Student	<input type="checkbox"/>	Business Executive	<input type="checkbox"/>	Industrialist
	<input type="checkbox"/>	Professional	<input type="checkbox"/>	Service	<input type="checkbox"/>	Govt./Public Sector	<input type="checkbox"/>	Others (Specify)
(b) Name of Employer / Business: <i>(Include symbol if employer listed company)</i>			(c) Job Title / Designation:		(d) Department:			
(e) Address of Employer / Business:								
<b>D. BANK DETAILS***</b>								
Bank Name:					IBAN No.:			
<b>E. DECLARATION</b>								
I hereby confirm that all the information furnished above is true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be untrue or false or misleading or misrepresenting, I am aware that I may be held liable for it.								
X Signature of the Applicant			Date: _____ (dd/mm/yyyy)			Signature of the Applicant as per CNIC/SNIC/NICOP/ARC/POC/Passport No. <i>(Only applicable if Applicant signature is different)</i>		
<b>FOR OFFICE USE ONLY</b>								
Authorized Signature			Date			Seal/Stamp of the Authorized Intermediary		

\* Optional

\*\* For NICOP/ARC/POC/Department, Email is mandatory and Mobile Number is Optional. Whereas for CNIC/SNIC, Mobile Number is Mandatory and

**Terms & Conditions of the KYC Application Form:**

1. All terms herein shall, unless expressly stated otherwise, have the same meaning as ascribed to them in the Centralized KYC Organization Regulations.
2. 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, 2018.
3. All correspondence shall be sent by CKO at the mailing address and/or email address of the Customer, as stated on the KYC Application Form.
4. Neither the CKO nor its directors, officers, employees or agents shall be liable for losses, damages, liabilities, costs or expenses suffered or incurred by the Customer as a result of providing its KYC Information to Authorized Intermediaries or the CKO due to any reasons whatsoever including its unauthorized disclosure.
5. The Customer undertakes to indemnify the CKO against any losses, damages, liabilities, costs or expenses suffered or incurred by CKO, including any legal costs and claims by third parties, as a result of any inaccuracy, misrepresentation, misstatement or incorrect details in the information supplied by the Customer or any omission in such information or any other contravention or violation of the Centralized KYC Organization Regulations
6. The Customer agrees that in the event that he does not abide by the timelines prescribed in the Centralized KYC Organization Regulations for submission of information and confirmation to the NCCPL, the NCCPL shall be authorized to take action as prescribed in the Centralized KYC Organization Regulations. The Customer undertakes that it shall hold CKO harmless and that CKO shall not be liable for any losses, damages, liabilities, costs or expenses suffered or incurred by the Customer as a result of such actions.
7. The Customer agrees that CKO may hold, store and process its KYC Information on the KYC Information System and KYC Database in connection with its KYC functions under the Centralized KYC Organization Regulations. The Customer also agrees that CKO may disclose its KYC Information as permitted under the CKO Regulations and such other disclosures as may be reasonably necessary for compliance with any other laws or regulatory requirements.
8. The Customer acknowledges that KYC Information System and KYC Database, including but not limited to all the information contained therein is the legal property of CKO.
9. The Authorized Intermediaries agree to pay CKO the fees and charges as prescribed by CKO from time to time in respect of its KYC functions.
10. CKO has absolute discretion to amend or supplement any of the terms and conditions at anytime and will endeavor to give prior notice of fifteen days wherever feasible for such changes.
11. The Customer agrees and affirms that it shall be bound by and acts in accordance with the provisions of the Centralized KYC Organization Regulations.
12. These terms and conditions shall be governed by the laws of Pakistan.

Signature of the Applicant		
Name:	Signature: ✕	Date:

F. Amount to be Invested in Stock Market - (PSX)

Rs.

G. Obtain photograph (latest or not more than six month old)

H. Countries where you visited in last two years (✓) Yes  No

Countries: .....

QUESTIONS - SDD		RESPONSE   REMARKS
What is the purpose of opening this brokerage account?		
Who is the beneficial owner of this account? If the beneficial owner is other than yourself, provide his Name, CNIC & Relationship with you.		
What is your educational qualification?		
What is your previous experience of investing in stock market?		
If the account is held jointly, what is the percentage of sharing of each?		
Have you ever been refused account opening by another Brokerage House		
QUESTIONS – CDD		
Are you a Resident Pakistani (RP) or Non-Resident Pakistani (NRP)		
Countries of which you are resident other than Pakistan.		
The countries of which you are national.		
The country / countries of which you are tax payer		
Are you a US Citizen or Green Card Holder?		
What is your TIN # / Social Security No. in US		
Are you based in or linked to high risk jurisdictions as per FATF?		
Are you based in or linked to U.N. sanctioned countries?		
Are you based in or linked to offshore centers or tax havens?		
Are you or near relative / associate of a Politically Exposed Person (PEP). PEP includes politicians, top bureaucrats: judicial, civil and military officers		
Do you deal in gold, diamonds & other high value items?		
QUESTIONS – EDD		
What is your annual (actual / estimated) income?		
How much liquid funds are available with you?		
Are you a tax filer? If yes, please provide the following:		
i) Your latest Tax Return		
ii) Your latest Wealth Statement		
What are the sources of above funds? In the absence of tax record can you please furnish evidence of sources of your funds by providing the following:		
i) An explanatory note giving details of sources		
ii) Evidence of savings, loans, gifts, inheritance, sale of property etc.		
ANY OTHER INFORMATION OR DETAILS YOU MAY LIKE TO SHARE WITH US		

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I further certify that any change in my sources of Income, Funds, Nationality, Tax Residence Status and or other changes affecting my profile shall be intimated to your office, along with the evidence immediately.  
I hereby certify that whatever stated above is correct to the best of my knowledge and belief.

Signature of the Applicant		
Name:	Signature: ✕	Date:

**Documents Required for KYC (Know Your Client) Form**

1. Copies of CNIC, SNIC, NICOP, ARC, POC and/or passport where applicable.

2. Proof of mailing/permanent address.

**Note:** In case the address provided is same as in CNIC, no additional document is mandatory. In other cases, any of the following documents shall be obtained: Utility bills; rental agreement; Bank Statement; insurance policy.

3. Proof of Source of Income / Fund. ( Evidence of Hard Copy)

(If you are not covered by the below given Occupations please specify yours & provide related evidence. )

**SALARY PERSON**

- a. Certificate from the employer.
- b. Pay / Salary Slip.
- c. National Tax Number –NTN Certificate / FBR Return Copy (optional).
- d. Visiting Card.

**BUSINESS I PROFESSION - SOLE PROPRIETORSHIP**

- a. Formal request to open a brokerage account on the Business Letter Head.
- b. Copy of registration certificate or proof that the business is registered with Government / any other authority, Professional Tax Dept., Chamber of Commerce, PMDC, Income Tax Dept., etc.
- c. National Tax Number –NTN Certificate / FBR Return Copy (optional).
- d. Visiting Card.

**BUSINESS – PARTNERSHIP**

- a. Formal request to open a brokerage account on the Business Letter Head.
- b. Copy of partnership deed.
- c. Copy of registration certificate or proof that the business is registered with Government / any other authority, Professional Tax Dept., Chamber of Commerce, PMDC, Income Tax Dept., etc.
- d. National Tax Number –NTN Certificate / FBR Return Copy.
- e. Visiting Card.

**STUDENT.**

- a. Proof of being student eg. Student ID Card, Enrolment Letter etc.
- b. Proof of source of funds (personal savings, inheritance, gifts etc.).
- c. \* Student shall be required to provide a Self Declaration for source and beneficial ownership of funds.

**HOUSE WIFE & HOUSE HOLD.**

- a. personal savings, inheritance, marriage and other gifts etc.
- b. \* House Wife / House hold shall be required to provide a Self Declaration for source and beneficial ownership of funds.

**AGRICULTURIST**

- a. Proof of ownership of land (jamabandi etc or computerized record) as maintained by Revenue Authorities or
- b. Certificate of local Revenue Authorities (Patwari) regarding total land holding and estimated annual income from the said land.
- c. Agriculturist shall be required to provide a Self Declaration for source.

**RETIRED PERSON**

- a. Retirement & P.F Letter or Saving Proof

\*[[TO BE PRINTED ON Rs.100/= STAMP PAPER (DULY NOTARIZED)]]

**UNDERTAKING BY BENEFICIAL OWNER OF CLIENT**

I,..... Son of/ daughter of/ wife of .....  
Bearing CNIC NO:..... Hereby confirm that Mr./Mrs./Ms/Mst .....  
holding CNIC NO:..... is my..... in  
relationship and I am supporting him/her to open and maintain Equity/Commodity trading account No ..... and CDC Sub Account No.  
..... with Apex Capital Securities(Pvt.) Ltd, TREC Holder, Pakistan Stock Exchange, Karachi, Pakistan.

Signature of Beneficial Owner:.....

Name of Beneficial Owner:.....

Relationship with Account Holder:.....

Residential Address of Beneficial Owner:.....

Email of Beneficial Owner:.....

Mobile No of Beneficial Owner:.....

Copy of valid CNIC of Beneficial Owner must be attached