[RT Securities Private Limited]

[Building 10-C, Lane 9, Ittehad Commercial Area Phase 6 Defence Housing Authority, Karachi, Karachi City, Sindh 75500]

KNOW YOUR CUSTOMER (KYC) APPLICATION FORM

CORPORATE

(***Form to be filled preferably in BLOCK LETTERS***)

A. REGISTRATION (AND OTHER) DETAILS OF CUSTOMER					
1. Full name of Customer (As per constitutive documents)					
2. Date of Incorporation:		**3. Incorporation Number:**		**4. Place of Incorporation:**	
5. Date of Commencement of Business:		**6. National Tax No**. (For exempted entities, supporting document should be provided)/Letter of Undertaking, where entities opt not to obtain NTN)			
7. Industry / Sector:					
8. Registration Number / Unique Identification Number ("UIN"):					
9. Details of Contact Person of the Customer: *(Should only be an authorized representative of the Customer)*					
(a) Name Mr./Mrs./Ms.:					
(b) Association of the Attorney with the Customer:					
(c) Address:					
(d) CNIC/SNIC/NICOP/ARC/POC No:					
(e) Expiry date of CNIC/SNIC/NICOP/ARC/POC:		(f) Designation of the official:			
(g) Tel. (Off.)*:	(h) Mobile:	(i) Fax*:	(j) E-mail:		
(h) . Passport details: *(For a foreigner or a non-resident Pakistani)*	Passport No:	Place of issue:	Date of Issue:	Date of Expiry:	
B. ADDRESS DETAILS OF CUSTOMER					
1.(a)Mailing Address:					
City/Town/Village:		Province/State:	Country:		
(b) Tel. (Off.):	(c) Mobile*:	(d) Fax*:	(e) Email:		
Specify the proof of address submitted for mailing address:					
2. (a)Registered Address:					
City/Town/Village:		Province/State:	Country:		
(b) Tel. (Off.):	(c) Mobile*:	(d) Fax*:	(e) Email:		
Specify the proof of address submitted for registered address:					
C. OTHER DETAILS					
1. Expected Annual Income:					
2. Net-equity / net-assets as on (date)_____: (_____)					
3. Shareholder's Category: *[Please tick (✓) the appropriate box]*		Investment Company		Modaraba	
		Insurance Company		Modaraba Management Company	
		Charitable Trust		Cooperative Society	
		Leasing Company		Mutual Fund	
		Bank/Financial Institution		Other (*Please specify*)	
		Joint Stock Company			
D. BANK DETAILS					
Bank Name:		IBAN No:			
Branch Name:		Branch Address:			
E. DECLARATION					

- I / we hereby confirm that all the information furnished above is true and correct to the best of my /our knowledge and belief and I/we 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/we am aware that I/we may be held liable for it.

- I / we hereby, unconditionally and irrevocably, declare, confirm and acknowledge having read in full and understood the relevant terms and conditions attached as an Annexure to this KYC Application Form duly provided to me/ us by the Authorized Intermediary at the time of filing of this KYC Application Form.

- I / we hereby acknowledge that I/ we had been informed by the Authorized Intermediary at the time of filing this KYC Application Form that these terms and conditions are prescribed under CKO Regulations, 2017 and are also available on the website of CKO, further, I / we have no doubt or concern that the terms and conditions shared with me/ us by the Authorized Intermediary are any different from the ones specified in CKO Regulations, 2017 and available an CKO's website.

_____

Signature of the Authorized Person **Date: _____ (dd/mm/yyyy)**

FOR OFFICE USE ONLY

- I/we hereby confirm and acknowledge having provided in full the relevant terms and conditions attached as an Annexure to this KYC Application Form to the Customer at the time of filing of this KYC Application Form.

- I/we hereby confirm that I/we have informed the Customer at the time of filing this KYC Application Form regarding the availability of these terms and conditions in CKO Regulations, 2017 and on the website of CKO, I / we further confirm and acknowledge that I/we have no doubt or concern that the terms and conditions shared with Customer by me / us are not updated and have any difference when compared with the terms and conditions specified in CKO Regulations, 2017 and available at CKO's website.

_____ _____ _____

Signature of the Authorized Signatory **Date** **Seal/Stamp of the Authorized Intermediary**

* Optional

** IBAN shall be mandatory for all corporate entities except for those which have provided an undertaking for exclusion from IBAN requirement due to any exception available under applicable laws, rules, regulations etc or where permitted by CKO for reasons to be recorded.