



RT Securities (Private) Limited

TRE Certificate Holder of Pakistan Stock Exchange Ltd.
Building 24-C, Nishat Commercial, Phase VI, DHA
Karachi.

SAHULAT KNOW YOUR CUSTOMER (KYC) APPLICATION FORM (to be combined with Sahulat Account Opening Form)

(INDIVIDUAL RESIDENT PAKISTANI ONLY)

(Form to be filled preferably in BLOCK LETTERS)

A. IDENTITY DETAILS OF APPLICANT					
1. Full name of Applicant (As per CNIC/SNIC) Mr. / Mrs. / Ms.					
2. Father's / Husband's Name:					
3. Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married					
4. a. CNIC/ SNIC No:					
b. Expiry date:					
5. Date of Birth					
B. ADDRESS DETAILS OF APPLICANT					
1.(a) Mailing Address: (Address should be different from authorized intermediary business address except for employees of authorized intermediary)					
		City/Town/Village:	Province/State:	Country:	
(b) Tel. (Off.):*	(c) Tel. (Res.):*	(d) Mobile:	(e) Email*	(f) Fax*:	
2.(a) Permanent Address: (Mandatory to fill out if different from mailing address)					
		City/Town/Village:	Province/State:	Country:	
C. OTHER DETAILS					
1. Gross Annual Income Details: <input type="checkbox"/> Up to Rs. 100,000 <input type="checkbox"/> Rs. 250,001 - Rs. 500,000] [Please tick (✓) the relevant box <input type="checkbox"/> Rs. 100,001 - Rs. 250,000 <input type="checkbox"/> Above Rs. 500,000					
2. Source of Income:					
3.(a) Occupation: [Please tick (✓) the appropriate box]		<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:			(c) Job Title / Designation:		
(d) Address of Employer/Business:					
D. BANK DETAILS					
Bank Name.:			IBAN No.:		
E. DECLARATION					
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.					
Signature of the Applicant		Date: _____ (dd/mm/yyyy)		Signature of the Applicant as per CNIC/ SNIC (Only applicable if Applicant signature is different)	
FOR OFFICE USE ONLY					
Authorized Signatory		Date		Seal/Stamp of the Authorized Intermediary	

* Optional

** For CNIC/SNIC, Mobile Number is Mandatory and Email is Optional

*** IBAN shall be mandatory for all Customers except for those who 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.