

Please use BLOCK LETTERS to fill the form

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. Share holder's Category: (Please tick (✓) the appropriate box)		<input type="checkbox"/> Investment Company	<input type="checkbox"/> Insurance Company	<input type="checkbox"/> Modaraba	<input type="checkbox"/> Modaraba Management Company
		<input type="checkbox"/> Charitable Trust	<input type="checkbox"/> Leasing Company	<input type="checkbox"/> Cooperative Society	<input type="checkbox"/> Mutual Fund
		<input type="checkbox"/> Bank/Financial Institution	<input type="checkbox"/> Other (Please specify)		
		<input type="checkbox"/> Joint Stock Company			
D. BANK DETAILS***					
Bank's Name:		IBAN			
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/are aware that I/we may be held liable for it.					
Signature of the Authorized Person				Date: _____ (dd/mm/yyyy)	
FOR OFFICE USE ONLY					
Signature of the Authorized Signatory		Date		Seal/Stamp of the Authorized Intermediary	

* Optional

*** IBAN shall be mandatory for all Customers subject to any exception available under applicable laws, rules, regulations etc.

Terms and 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 Counter 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/she 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 they 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 their 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 their 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 any time 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 act 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