

# CLIENT RELATIONSHIP CONTRACT FOR TRADING ACCOUNT



## AZEE Securities Private Limited

TREC HOLDER NO.(108)

Pakistan Stock Exchange Limited.

REGISTERD OFFICE : Suite # 208, Second Floor, Business & Finance Centre, I. I. Chundrigar Road, Karachi.

UAN: 111-293-293



**SECURITIES PRIVATE LIMITED**  
**TREC HOLDER NO. (108)**  
*Pakistan Stock Exchange Limited*

Registered Office: Suite # 208, Second Floor, Business & Finance Centre, I.I. Chundrigar Road, Karachi Pakistan.UAN: 111-293-293,  
 Branch Office : 33, Ground Floor, Stock Exchange Building, Stock Exchange Road, Karachi Pakistan. Tel : 021-32473515-22

## Account Holder Signature Card

Account to be operated:

Account No.

Singly

Jointly

Account Title:

**E-MAIL:**

(Please use BLOCK LETTERS to fill the E-MAIL)

|  |
|--|
|  |
|--|

### AUTHORISED SIGNATORY (IES)

Name

Signature

- |    |  |  |
|----|--|--|
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

Remarks: \_\_\_\_\_

**NO CASH  
DEALING**

For AZEE Securities (Pvt) Ltd.



Registered Office: Suite # 208, Second Floor,  
Business & Finance Centre, I.I Chundrigar Road,  
Karachi Pakistan.UAN: 111-293-293,  
Branch Office : 33, Ground Floor, Stock Exchange  
Building, Stock Exchange Road, Karachi Pakistan.  
Tel : 021-32473515-22

| For official use of the Participant only |  |
|--|--|
| Application Form No:                     |  |
| CDS Participant ID:                      |  |
| Sub-Account No:                          |  |
| Trading Account No:<br>(if applicable)   |  |

## SHARES TRADING ACCOUNT OPENING FORM FOR INDIVIDUALS

|                   |        |       |  |
|-------------------|--------|-------|--|
| Nature of Account | Single | Joint |  |
|-------------------|--------|-------|--|

(Please use BLOCK LETTERS to fill the form)

I/We hereby apply for opening of my/our Shares Trading Account under the Account Family of AZEE Securities (Pvt.) Ltd. (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:

| 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 Name:   |  |                |  |          |                  |                              |  |               |                 |                     |  |  |
| 3. Contact Details of Main Applicant:   |  |                |  |          |                  |                              |  |               |                 |                     |  |  |
| (a) Permanent Address:<br>(Address should be different from Participant's Business address)   |  |                |  |          |                  |                              |  |               |                 |                     |  |  |
| (b) Mailing Address:  |  |                |  |          |                  |                              |  |               |                 |                     |  |  |
| (c) Contact No:   |  |                |  |          |                  |                              |  |               |                 | (d) Fax: (optional) |  |  |
| (e) Email: (mandatory)  |  |                |  |          |                  |                              |  |               |                 |                     |  |  |
| 4. Computerized National Identity Card No:<br>(For resident Pakistani)  |  |                |  |          |                  |                              |  | -             |                 |                     |  |  |
| 5. Expiry date of CNIC:   |  |                |  |          |                  |                              |  |               |                 |                     |  |  |
| 6. NICOP No:<br>(For non-resident Pakistani)  |  |                |  |          |                  |                              |  | -             |                 |                     |  |  |
| 7. Expiry date of NICOP:  |  |                |  |          |                  |                              |  |               |                 |                     |  |  |
| 8. Passport details:<br>(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 than the Main Applicant, any one of the Joint Applicant or their Attorney. Where Contact Person is the Main Applicant or any of the Joint Applicant, 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:   |  |                |  |          |                  |                              |  |               |                 | (g) Fax: (optional) |  |  |
| (h) Email: (mandatory)  |  |                |  |          |                  |                              |  |               |                 |                     |  |  |
| 10. Share holder's Category: <b>INDIVIDUAL</b>  |  |                |  |          |                  |                              |  |               |                 |                     |  |  |
| 11. (a) Occupation:<br>[Please tick (✓) the appropriate box]  |  | AGRICULTURIST  |  | BUSINESS |                  | HOUSEWIFE                    |  | HOUSEHOLD     |                 |                     |  |  |
|   |  | RETIRED PERSON |  | STUDENT  |                  | BUSINESS EXEC.               |  | INDUSTRIALIST |                 |                     |  |  |
|   |  | PROFESSIONAL   |  | SERVICE  |                  | 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

For AZEE Securities (Pvt) Ltd.

| REGISTRATION (AND OTHER) DETAILS OF THE JOINT APPLICANTS(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 Name:  |  |  |  |                     |  |                              |  |                  |  |               |  |  |
| 3. Permanent Address:<br>(Address should be different from Participant's Business address) |  |  |  |                     |  |                              |  |                  |  |               |  |  |
| 4. (a) Contact No:   |  |  |  | (b) Fax: (optional) |  |                              |  | (c) Email:       |  |               |  |  |
| 5. Computerized National Identity Card No:<br>(For resident Pakistani)                     |  |  |  |                     |  |                              |  |                  |  |               |  |  |
| 6. Expiry date of CNIC:  |  |  |  |                     |  |                              |  |                  |  |               |  |  |
| 7. NICOP No:<br>(For non-resident Pakistani)   |  |  |  |                     |  |                              |  |                  |  |               |  |  |
| 8. Expiry date of NICOP:   |  |  |  |                     |  |                              |  |                  |  |               |  |  |
| 9. Passport details:<br>(For a Foreigner or a Pakistani origin)                            |  |  |  | Passport Number:    |  |                              |  | Place of Issue:  |  |               |  |  |
|  |  |  |  | Date of Issue:      |  |                              |  | Date of Expiry:  |  |               |  |  |
| 10. (a) Occupation:<br>[Please tick (✓) the appropriate box]                               |  |  |  | AGRICULTURIST       |  | BUSINESS                     |  | HOUSEWIFE        |  | HOUSEHOLD     |  |  |
|  |  |  |  | RETIRED PERSON      |  | STUDENT                      |  | BUSINESS EXEC.   |  | INDUSTRIALIST |  |  |
|  |  |  |  | PROFESSIONAL        |  | SERVICE                      |  | 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 Name:  |  |  |  |                     |  |                              |  |                  |  |               |  |  |
| 3. Permanent Address:<br>(Address should be different from Participant's Business address) |  |  |  |                     |  |                              |  |                  |  |               |  |  |
| 4. (a) Contact No:   |  |  |  | (b) Fax: (optional) |  |                              |  | (c) Email:       |  |               |  |  |
| 5. Computerized National Identity Card No:<br>(For resident Pakistani)                     |  |  |  |                     |  |                              |  |                  |  |               |  |  |
| 6. Expiry date of CNIC:  |  |  |  |                     |  |                              |  |                  |  |               |  |  |
| 7. NICOP No:<br>(For non-resident Pakistani)   |  |  |  |                     |  |                              |  |                  |  |               |  |  |
| 8. Expiry date of NICOP:   |  |  |  |                     |  |                              |  |                  |  |               |  |  |
| 9. Passport details:<br>(For a Foreigner or a Pakistani origin)                            |  |  |  | Passport Number:    |  |                              |  | Place of Issue:  |  |               |  |  |
|  |  |  |  | Date of Issue:      |  |                              |  | Date of Expiry:  |  |               |  |  |
| 10. (a) Occupation:<br>[Please tick (✓) the appropriate box]                               |  |  |  | AGRICULTURIST       |  | BUSINESS                     |  | HOUSEWIFE        |  | HOUSEHOLD     |  |  |
|  |  |  |  | RETIRED PERSON      |  | STUDENT                      |  | BUSINESS EXEC.   |  | INDUSTRIALIST |  |  |
|  |  |  |  | PROFESSIONAL        |  | SERVICE                      |  | 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 Name:  |  |  |  |                     |  |                              |  |                  |  |               |  |  |
| 3. Permanent Address:<br>(Address should be different from Participant's Business address) |  |  |  |                     |  |                              |  |                  |  |               |  |  |
| 4. (a) Contact No:   |  |  |  | (b) Fax: (optional) |  |                              |  | (c) Email:       |  |               |  |  |
| 5. Computerized National Identity Card No:<br>(For resident Pakistani)                     |  |  |  |                     |  |                              |  |                  |  |               |  |  |
| 6. Expiry date of CNIC:  |  |  |  |                     |  |                              |  |                  |  |               |  |  |
| 7. NICOP No:<br>(For non-resident Pakistani)   |  |  |  |                     |  |                              |  |                  |  |               |  |  |
| 8. Expiry date of NICOP:   |  |  |  |                     |  |                              |  |                  |  |               |  |  |
| 9. Passport details:<br>(For a Foreigner or a Pakistani origin)                            |  |  |  | Passport Number:    |  |                              |  | Place of Issue:  |  |               |  |  |
|  |  |  |  | Date of Issue:      |  |                              |  | Date of Expiry:  |  |               |  |  |
| 10. (a) Occupation:<br>[Please tick (✓) the appropriate box]                               |  |  |  | AGRICULTURIST       |  | BUSINESS                     |  | HOUSEWIFE        |  | HOUSEHOLD     |  |  |
|  |  |  |  | RETIRED PERSON      |  | STUDENT                      |  | BUSINESS EXEC.   |  | INDUSTRIALIST |  |  |
|  |  |  |  | PROFESSIONAL        |  | SERVICE                      |  | OTHERS (specify) |  |               |  |  |
| (b) Name of Employer / Business:   |  |  |  |                     |  | (c) Job Title / Designation: |  |                  |  |               |  |  |
| (d) Address of Employer / Business:  |  |  |  |                     |  |                              |  |                  |  |               |  |  |

Signatures:

Main ApplicantJoint Applicant 1Joint Applicant 2Joint Applicant 3For AZEE Securities (Pvt) Ltd.

| SHARES TRADING ACCOUNT OPERATING INSTRUCTIONS   |                                |                             |                                    |
|---|--------------------------------|-----------------------------|------------------------------------|
| <b>1. Signatory(ies) to give instruction to the participant pertaining to the operations of the Shares Trading Account.</b> | <b>Names of Signatory(ies)</b> |                             | <b>Specimen Signatures</b>         |
|   | (a)                            |                             |                                    |
|   |                                |                             |                                    |
|   |                                |                             |                                    |
| <b>2. Shares Trading Account Operating Instructions:</b><br>[Please (✓) appropriate box]                                    | <input type="checkbox"/>       | Either (Singly) or Survivor | <input type="checkbox"/> Attorney  |
|   | <input type="checkbox"/>       | Jointly [any] _____         | <input type="checkbox"/> Any other |
| Please specify:   |                                |                             |                                    |

| NOMINATION   |                                    |                                   |                                 |
|--|------------------------------------|-----------------------------------|---------------------------------|
| (a) Name of Nominee:   |                                    |                                   |                                 |
| (b) Father's/Husband's Name:   |                                    |                                   |                                 |
| (c) Relationship with Main Applicant:<br>[Please tick (✓) appropriate box] | <input type="checkbox"/> Spouse    | <input type="checkbox"/> Father   | <input type="checkbox"/> Mother |
|  | <input type="checkbox"/> Brother   | <input type="checkbox"/> Sister   | <input type="checkbox"/> Son*   |
|  | <input type="checkbox"/> Daughter* | * Including step or adopted child |                                 |
| (d) Address:   |                                    |                                   |                                 |
| (e) CNIC No:<br>(in case of a resident Pakistani)                          |                                    |                                   |                                 |
| (f) Expiry date of CNIC:   |                                    |                                   |                                 |
| (g) NICOP No:<br>(in case of a non-resident Pakistani)                     |                                    |                                   |                                 |
| (h) Expiry date of NICOP:  |                                    |                                   |                                 |
| (i) Passport details:<br>(In case of a foreigner or a Pakistani origin)    | Passport Number:                   |                                   |                                 |
|  | Place of Issue:                    |                                   |                                 |
|  | Date of Issue:                     |                                   |                                 |
|  | Date of Expiry:                    |                                   |                                 |
| (j) Contact No:  | (k) Fax: (optional)                |                                   |                                 |
| (l) E-mail: (optional)   |                                    |                                   |                                 |

| MARGIN DEPOSIT   |  |                       |                 |                     |  |  |  |  |  |  |  |  |
|--|--|-----------------------|-----------------|---------------------|--|--|--|--|--|--|--|--|
| The Account Holder(s) hereby undertakes to deposit and maintain _____% margin against his/her/their outstanding trades /exposures for the purpose of trading in his/her/their account. The Broker shall notify the Account Holder(s) about any change in the above margin requirements for the already executed trades at least 3 days prior to the implementation of the revised margin requirements. |  |                       |                 |                     |  |  |  |  |  |  |  |  |
| CLIENT BANK DETAILS (OPTIONAL)   | ACCOUNT(S) WITH OTHER BROKER(S)(OPTIONAL)  |                       |                 |                     |  |  |  |  |  |  |  |  |
| Name Of The Bank: _____<br><br>Savings / Current A/C No: _____<br><br>Branch Address: _____  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="text-align: center;">NAME OF THE BROKER(S)</th> <th style="text-align: center;">BROKER EXCHANGE</th> <th style="text-align: center;">CLIENT ID / ACCOUNT</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table> | NAME OF THE BROKER(S) | BROKER EXCHANGE | CLIENT ID / ACCOUNT |  |  |  |  |  |  |  |  |
| NAME OF THE BROKER(S)  | BROKER EXCHANGE  | CLIENT ID / ACCOUNT   |                 |                     |  |  |  |  |  |  |  |  |
|  |  |                       |                 |                     |  |  |  |  |  |  |  |  |
|  |  |                       |                 |                     |  |  |  |  |  |  |  |  |

| DECLARATION OF SOLVENCY  |
|--|
| The Account Holder hereby Declares that:<br>a) It has not applied to be adjudicated as an insolvent and that it has not suspended payment and that we have not compounded with our creditors;<br>b) It is not un-discharged insolvent; and<br>c) It has not been declared defaulter in repayment of loan of a bank/financial institutions. |

Signatures:

|   |  |  |  |   |
|---|--|--|--|---|
| <u>                    </u><br>Main Applicant | <u>                    </u><br>Joint Applicant 1 | <u>                    </u><br>Joint Applicant 2 | <u>                    </u><br>Joint Applicant 3 | <u>                    </u><br>For AZEE Securities (Pvt) Ltd. |
|---|--|--|--|---|

**Special Terms and Conditions**

This agreement shall be effective upon AZEE approving the Client's account opening application form and opening a trading account in the name of the client.

1. All transactions between the parties shall be subject to the Articles, Rules and Regulations of the Exchange, revised policies, Board Directions and new regulations to be framed in presence of Section 34 of the Securities and Exchange Ordinance, 1969. Moreover all applicable provisions of the Securities and Exchange Ordinance, 1969 read with the Securities and Exchange Commission of Pakistan Act, 1997, Brokers and Agents Registration Rules, 2001, Securities and Exchange Rules, 1971 and all directions/directives passed from time to time to regulate the trades between the parties and to regulate Brokers conduct and the Central Depository companies of Pakistan Act, 1997 Rules framed there under and the National Clearing and Settlement System Regulations and any other law for the time being in force. The Broker shall ensure provisions of copies of all the above Laws, Rules and Regulations at his office for access to the Account Holder(s) during working hours.
- 1 (a) In case any dispute in connection with the trade or the transaction between the AZEE and the Account Holder is not settled amicably, either party may refer the same to arbitration in accordance with the provisions of PSX Regulations which shall be binding on both the parties. The Account Holder hereby agrees that he would have no objection if his name and other relevant particulars are placed on Exchange's database accessible by members of the Exchange if he fails or refuses to abide by or carry out any arbitration award passed against him in his dispute with the AZEE.
2. The amount deposited as security margin by the Account Holder(s) with the AZEE shall only be used for the purposes of dealing in securities, such as trading and/or settlement of deliveries of securities on behalf of the Account Holder(s). The AZEE shall not use such amounts for his own use.
- 2 (a) The credit amount of the Account Holder(s) shall be kept by the AZEE in a separate bank account titled "Account Holder / Client Account" and shall not be used by the AZEE for his own business.
3. The AZEE shall be authorized to act on the verbal instructions of the Account Holder(s). The AZEE shall provide a written confirmation of the executed transactions as required under rule 4 (4) of the Securities and Exchange Rules, 1971, and all such transactions recorded by the AZEE in his books shall be conclusive and binding upon the Account Holder(s), which shall not be questioned by him/her/them, subject to clause 5 below.

OR

The Account Holder(s) shall give written instructions for the sale/purchase of securities to the AZEE. The Account Holder(s) shall not give any verbal/oral instructions. The AZEE shall provide a written confirmation of the executed transactions as required under rule 4 (4) of the Securities and Exchange Rules, 1971, and all such transactions recorded by the AZEE in his books shall be conclusive and binding upon the Account Holder(s), which shall not be questioned by him/her/them, subject to clause 5 below.

4. The AZEE shall provide the confirmation of the executed transactions to the \_\_\_\_\_ (Account Holder) at the above stated address by means of acceptable mode of communication or by hand subject to acknowledgment receipt.
5. In case there are any error(s) in the daily confirmation statement, the Account Holder(s) shall report the same to the AZEE within one business day of the receipt of confirmation. In case the Account Holder(s) do not respond within one business day of the receipt of the said daily confirmation statement, the confirmation statement shall be deemed conclusively accepted by the Account Holder(s).
6. In the event that the Account Holder(s) fail(s) to deposit additional cash or securities as margin within one business day of the margin call (in writing) or E-mail, the AZEE shall have absolute discretion to and, without further notice to Account Holder(s), liquidate the Account Holder(s) outstanding positions, including the securities purchased and carried in such account, so that the margin is maintained at the required level.
7. The AZEE shall be responsible to ensure delivery of CDC eligible securities in the CDC account of the Account Holder(s), subject to full payment by the Account Holder(s). In case of companies which are not on the CDC, the AZEE shall ensure delivery of physical shares along with verified transfer deeds against payments, to the Account Holder(s). Further, the Broker shall be responsible for the payment of any credit cash balance available in the account of the Account Holder(s) preferably in form of A/c Payee cross cheque only within 1 business day of the request of the Account Holder(s) (subject to the maintenance of the margin requirements).
- 7 (b) In the event of non-receipt of payment from the Account Holder on settlement day against securities bought on account of the Account Holder, the Broker may transfer such securities to his collateral Account under intimation to the Exchange, after complying with the requirements as mentioned in the General Regulations of the Exchange.
8. The AZEE shall accept from the Account Holder(s) payments through "A/c Payee only" cross cheque bank drafts, pay order or other crossed banking instruments in case of amounts in excess of Rs. 25,000/- Electronic transfer funds to the broker through banks would be regarded as good as cheque. The Broker shall be responsible to provide the receipt to the Account Holder(s) in the name of the Account Holder(s) duly signed by authorized agents / employee of the AZEE and the Account Holder(s) shall be responsible to obtain the receipt thereof. In case of cash dealings, proper receipt will be taken and given to the Account Holder(s), specifically mentioning if payments is for margin or the purchase of securities. The AZEE shall immediately deposit in its bank account all cash received in whole i.e. no payments shall be made from the cash received from clients. However, in exceptional circumstances, where it becomes necessary for AZEE to accept cash in excess of Rs.25,000/-, the broker shall immediately report within one business day such instances with rationale thereof to the Exchange in accordance with the mechanism prescribed by the Exchange.
9. The AZEE shall make all the payments of Rs. 25,000/- and above, through crossed cheques/bank drafts/pay orders or any other crossed banking instruments showing payment of amount from their business bank account. Copies of these payment instruments including cheques/pay orders/demand drafts and online instructions shall be kept in record for a minimum period of five years.
10. The Account Holder(s) shall have a right to obtain a copy of his/her or their ledger statement under official seal and signature of the AZEE or his authorized representative on a periodic basis. In case of any discrepancy in the ledger statement, the Account Holder(s) shall inform the AZEE within 1 day of receipt of the ledger statement to remove such discrepancy.
11. The Account Holder(s) shall operate the account and execute transactions himself/herself/themselves unless the Account Holder(s) authorize Mr./Ms. \_\_\_\_\_ I. D. No. \_\_\_\_\_ to transact in the account. All transactions executed by the authorized person shall be binding upon the Account Holder(s).

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

For AZEE Securities (Pvt) Ltd.

AZEE Securities Private Limited.

12. For Joint Account Holders Only:

We, the Account Holder(s) shall operate the account jointly or severally and the instructions issued either jointly or severally shall be binding on us as well as upon the AZEE in respect of the joint titled account.

OR

Our titled account shall be operated only by \_\_\_\_\_ who shall be deemed as the authorized person for operating the joint account or issuing any instructions relating there to.

13. The AZEE shall be responsible to append a list of his authorized agents/traders and designated employees, who can deal with the Account Holder(s), with this account opening form and a copy of both the account opening form and the list will be provided to the Account Holder(s). Any changes therein shall be intimated in writing to the Account Holder(s) with immediate effect.
14. The AZEE shall debit the account of the Account Holder(s) for the commission charges or any other charges in connection with the brokerage services rendered, which shall be clearly detailed in the ledger statement/daily confirmations.
15. The AZEE shall not disclose the information of the transactions of the Account Holder(s) to any third party and shall maintain confidentiality of this information. However, in case the Exchange or the Commission as the case may be requires any such information the AZEE shall be obliged to disclose the same for which the Account Holder(s) shall not raise any objection whatsoever.
16. In case a AZEE converts his individual membership rights to corporate membership and vice versa the agreement and conditions laid down herein above shall remain effective unless otherwise agreed by the parties.
17. Acceptable mode of communication between the Account Holder(s) and the AZEE shall be through letter (courier/registered post/fax/ E-mail) or by hand subject to receipt/acknowledgment. The onus of proving that the e-mail has been received by the recipient shall be on the sender sending the E-mail. Confirmation of orders to clients made through fax or E-mail will have a time record.
18. All order received telephonically and placed on trading System shall be supported by recording on dedicated telephonic lines, preferably connected with a computerized taping system so as the orders could possibly be sorted on UIN basis and made user friendly.
19. In case of change of address or contact numbers of either party, the concerned party shall immediately notify the other party of the changes in writing.
20. I/We, the Account Holder(s) acknowledge receipt of this account opening form (signed here by me/us in duplicate) along with the copies of all the annexures and I/we, the Account Holder(s) also undertake that I/we have understood all the above terms and conditions of this agreement which are acceptable to me/us.
21. I/We, the Account Holder(s) understand that the shares trading business carries risk and subject to the due diligence on part of the AZEE I/We may incur losses for which I/We, the Account Holder(s) shall not hold the AZEE responsible.
22. The client hereby acknowledges that;
  - a) Any market information or trading recommendation communicated to the client by AZEE does not conduct an offer, or a solicitation of an offer, to buy and sell any securities;
  - b) Such information and recommendation may be incomplete and unverifiable;
  - c) AZEE makes no representation, warranty or guarantee as to the accuracy, reliability or completeness of any such information or recommendation;
  - d) AZEE or any of its directors, managers, agents or servants shall not be liable in any manner whatsoever to the client if such information or recommendation turns out to be inaccurate, incomplete or incorrect; and
  - e) AZEE or any of its directors, managers, agents or servants shall not be liable in any manner whatsoever to the client for any representation made by them in the course of business.
23. All communications and correspondence by the client to AZEE shall be addressed to AZEE company secretary, and shall be sent at the following registered address of AZEE Suite # 208, Second Floor, Business & Finance Centre, I.I. Chundrigar Road, Karachi -74000 Pakistan.
24. AZEE reserves the right to use, electronic devices for recording any oral orders placed by the client, or any other telephone conversation between AZEE and the client. AZEE may use such recordings as evidence, and the client hereby consents to the admissibility in evidence of such recordings, in any legal proceeding between AZEE and the client or in any legal proceedings to which AZEE may be a party.
25. Trades and movements of all securities shall be subject to KSE regulation and to CDC regulations, where applicable in the event of:
  - 1) The death of the client; the client being declared a lunatic or a person of unsound mind;
  - 2) The filing of a petition in any court for the bankruptcy, insolvency or winding-up of the client;
  - 3) The filing of an application in any court for the appointment of receiver for, or the attachment of, the client's assets and property;
  - 4) The client being convicted of an offense involving fraud or breach of trust;
  - 5) The client committing breach of any trade contract or violating the provision of this agreement, AZEE may take any or all of the following actions, as may be appropriate in the circumstances;

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

For AZEE Securities (Pvt) Ltd.

AZEE Securities Private Limited.

- a) Exercise a lien over all securities carried, maintained or held by AZEE for the client
- b) Sell or purchase any securities carried maintained or held by AZEE for the client and adjust such securities or their sale proceeds towards the client's liabilities and obligations towards AZEE
- c) Refuse to execute or cancel any orders of the client
- d) Terminate or rescind this agreement, or any of all trade contracts;
- e) Freeze or close the client's trading account, or the client's book-entry securities in the client's sub-account maintained by AZEE with the CDC.
- f) Freeze the handling or movement of the client's book-entry securities whether in clients sub-account maintained by AZEE with the CDC transfer the client's book entry securities into its own account maintained with the CDC till the client discharges its obligations and liabilities towards AZEE the client hereby authorizes
- g) AZEE to transfer its book-entry securities into AZEE own account with CDC.  
Take any other action that may be necessary for the protection of AZEE interests.

The above action may be taken by AZEE without notice to the client's and without prejudice to any action that it may take under law, and or under any other provision of this agreement.

- 26. The client hereby indemnifies AZEE from all losses, damages, liabilities, claims, costs, etc; arising out of the opening maintenance of the client's trading account, and the client's sub-account with the CDC.
- 27. AZEE may terminate this agreement at any time without assigning any reason. The client may terminate this agreement and close his trading account with AZEE and its sub-account maintained by AZEE with CDC at any time when it owes no liability or obligations whatever to AZEE under or in relation to this agreement, or under or in relation to any trade contract entered in pursuant to this agreement.
- 28. The invalidity or non-enforceability of any provision of this agreement or of any trade contract entered into pursuant to this agreement, shall not affect the validity or enforceability of any other provision of this Agreement or the trade contract, and the case may be.

**SPECIAL TERMS AND CONDITIONS FOR ONLINE / MOBILE / SMS TRADING:**

- (i) Online / Mobile / SMS Trading will be permitted through AZEE Securities (Pvt.) Ltd. which will act as the Broker for the purpose of buying and selling of Securities, including trading through Continuous Financing System (CSF) and/or other form of leveraging/margin financing at the Karachi Stock Exchange (Online Exchange) and wherever the term AZEE Trade is used in these Special Terms and Conditions for Online / Mobile / SMS Trading it shall deem to mean the Broker and Vice Versa.
- (ii) A Password or (Personal Identification Number) PIN will be issued to the Account Holder(s) by the Broker as the Account Holder(s) Personal Identification Number or Code to enable the Account Holder(s) to have access to and use the Account for Online / Mobile / SMS Trading. The Password/PIN may be communicated through E-mail or through courier to the Account Holder(s) at his/her/their own risk. The Account Holder(s) shall not disclose the Password/PIN to any person and shall take every reasonable precaution to prevent discovery of the Password/PIN by any other person(s).
  - (a) The Account Holder shall ensure that all information needed by the Broker in verifying the Account Holder(s) identity is accurately disclosed to the Broker over the telephone. It is further classified that any/all instructions by the Account Holder(s) to the Broker via telephone shall be imparted only through the Broker's designated telephone number(s) which shall be intimated to the Account Holder(s). Any change in such telephone numbers shall be promptly notified to the Account Holder(s). Any instruction/communication exchange through telephone numbers other than those which have been notified by the Broker shall not be entertained.
  - (b) The Account Holder(s) agree(s) and understands that any/all instructions/communications carried out in respect of an Account whereby the verification procedures adopted as part of the Online / Mobile / SMS Trading facilities are satisfied, shall be deemed to be carried out directly by the Account Holder(s).
- (iii) The Broker may electronically transfer delivery of confirmation, statements and other notices in connection with Online / Mobile / SMS Trading. It shall be the responsibility of the Account Holder(s) to review all communications sent by the Broker including e-mails, confirmation statements, notices, margin and maintenance calls whether delivered by mail, e-mail or electronic terminals. If the Password/PIN is disclosed to any third party the Account Holder(s) should immediately notify the same to the Broker. The Account Holder(s) will immediately notify the Broker of any loss, theft or unauthorized use of his/her/their Account number and/or Password/PIN. The Account Holder(s) shall immediately notify the broker in writing of any change in his/her/their e-mail or other address as mentioned in the Account Opening Form.

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

For AZEE Securities (Pvt) Ltd.



**AZEE Securities Private Limited.**

- (iv) All risks connected and involved with Online / Mobile / SMS Trading will be assumed fully by the Account Holder(s). The Account Holder(s) acknowledged that Online / Mobile / SMS Trading may from time to time be adversely affected (inter alia) by network congestion, equipment failure, software failure, system breakdown, loss of connectivity, power failure, adverse market conditions, partial execution of order and/or technical glitches/failures (including but not limited to connectivity failures). Neither the Broker nor any of its Directors or officers, its management, its branch offices, offices of supervisory jurisdiction and their respective registered representatives and employees, would be responsible or liable in any manner for any losses or damages that may be suffered by the Account Holder(s) including those due to the misuse of the Account Holder(s) information and affairs by unscrupulous person(s).
  - (v) The Broker may at any time and from time to time require additional margin in the Account (in cash or securities) before Executing any orders or undertaking any transactions through Online / Mobile / SMS Trading facility on account of the Account Holder(s). The amount and timing may vary depending on factors solely at the Broker's discretion. The Broker shall have the right to liquidate the Account Holder(s) trading position(s) if the Account margin is insufficient at any time.
  - (vi) The Broker may at its discretion elect with or without notice to square off the Account Holder(s) Account and make all obligations in the Account immediately due and payable by the Account Holder(s) without assigning any reason.
29. I/We, the Account Holder(s) understand(s) that the shares trading business carries risk and subject to the due diligence on part of the Broker, I/We may incur losses for which I/We, the Account Holder(s) shall not hold the Broker responsible. The Account Holder(s) further acknowledge(s) that the prices of the securities do fluctuate abruptly and instantly and investments in securities may experience abrupt upward and downward movements and may even become valueless. The Broker shall not be liable for any fluctuations in the prices of securities due to purchase and sale on the day of the transaction and the net price mentioned in the confirmation shall be accepted as concluded final price and shall be binding upon the Account Holder(s) and the Broker.
30. In the event of any disputed, differences or controversies arising between the Broker and the Account Holder(s) out of any transactions(s) and other matters related thereto, including as to the rights and obligations of the Account Holder(s) and the Broker and the interpretation of the provisions of this Contract and the Terms and Conditions or any other matter related thereto, the same shall be referred to the pertinent Stock Exchange where the transaction has taken place. In case for any reason(s) the Stock Exchange and/or the Arbitration Committee thereof is / are unable to arbitrate upon the matter due to any legal infirmity or otherwise, the matter shall then be referred to arbitration by two Arbitrators, one to be appointed by each party, and on the lack of consensus between the two Arbitrators, the matter shall be referred to an Umpire, to be selected by the two Arbitrators before the commencement of the reference in accordance with the Arbitration Act, 1940 or any amendments thereof. The decision of the Arbitration Committee of such Exchange or the Arbitrators or the Umpire, as the case may be, shall be final and binding upon both the Parties.
31. I/We, the Account Holder(s) acknowledge receipt of this Account Opening Form (signed here by me/us) along with the copies of all the annexures and I/We, the Account Holder(s) also undertake that I/We have understood all the above Terms and Conditions of this Agreement which are acceptable to me/us.
32. I/We, the Account Holder(s) represent that I/We are knowledgeable investor(s) and the I/We have conducted such analysis and consulted with such professionals as I/We deemed necessary in order to fully understand the risk(s) involved in trading and that I/We are financially suitable for engaging in such trading activity(ies).
33. I/We, the Account Holder(s) further confirm that all information given in this Account Opening Form is true and complete and hereby authorize the Broker to verify any information mentioned above from any source deemed appropriate by the Broker.

In witness whereof the client and **AZEE** have signed these terms and conditions as token of acceptance there of on \_\_\_\_\_ day of \_\_\_\_\_

**Witnesses:**

1. \_\_\_\_\_

2. \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

NIC No: \_\_\_\_\_

NIC No: \_\_\_\_\_

**Signatures:**

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

For AZEE Securities (Pvt) Ltd.

**KNOW YOUR CUSTOMER**

KYC - CHECKLIST

| PERSONAL INFORMATION (to be filled by Account Holder)  |                |
|--|----------------|
| YOUR CURRENT RESIDENCE IS:<br><input type="checkbox"/> OWNED <input type="checkbox"/> RENTED <input type="checkbox"/> MORTGAGED <input type="checkbox"/> PARENTS <input type="checkbox"/> COMPANY PROVIDED |                |
| TYPE OF ACCOMMODATION:<br><input type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> PORTION <input type="checkbox"/> OTHER  | RESIDING SINCE |
| MOTHER'S NAME:   |                |
| MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED   |                |
| QUALIFICATION:<br><input type="checkbox"/> MATRIC/O' LEVELS <input type="checkbox"/> INTER/A' LEVELS <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS AND ABOVE                         |                |
| SOURCE OF FUND INVESTED IN STOCK MARKET:<br><input type="checkbox"/> LOANED/ BORROWED <input type="checkbox"/> OWN INVESTMENT <input type="checkbox"/> COLLECTIVE INVESTMENT                               |                |
| ACCOUNT HOLDER <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR   |                |
| IN CASE OF MINOR ACCOUNT HOLDER<br>NAME OF GUARDIAN  |                |

| OCCUPATIONAL DETAILS (to be filled by Account Holder)   |               |
|---|---------------|
| NAME OF COMPANY:  |               |
| DESIGNATION:  |               |
| NATURE OF OCCUPATION: <input type="checkbox"/> SALARIED <input type="checkbox"/> BUSINESSMAN <input type="checkbox"/> SELF-EMPLOYED |               |
| NATURE OF BUSINESS (please specify):  |               |
| BUSINESS/EMPLOYMENT TENURE:   | YEARS:        |
|   | MONTHS:       |
| MONTHLY INCOME (IN PAK RUPEE):  | GROSS INCOME: |
|   | NET INCOME:   |
|   | OTHER INCOME: |

| REFERENCE (for Account Holder) |            |
|--------------------------------|------------|
| REFERENCE NAME:                |            |
| RELATIONSHIP:                  |            |
| ADDRESS (RESIDENCE):           |            |
| CNIC No:                       | TEL (RES): |
| TEL (OFF):                     | CELL:      |

| CONTACT DETAILS (for official use only)      |   |  |
|--|---|--|
| <input type="checkbox"/> LANDLINE NO.        | <input type="checkbox"/> CNIC NO.         | <input type="checkbox"/> CELL NO.                        |
| <input type="checkbox"/> ADDRESS (RESIDENCE) | <input type="checkbox"/> ADDRESS (OFFICE) | <input type="checkbox"/> PASSPORT (in case of foreigner) |
| <input type="checkbox"/> NATIONALITY         | <input type="checkbox"/> E-MAIL ADDRESS   | <input type="checkbox"/> OBTAIN BUSINESS CARD            |

| PERSONAL INFORMATION (to be filled by joint Account Holder)  |                |
|--|----------------|
| YOUR CURRENT RESIDENCE IS:<br><input type="checkbox"/> OWNED <input type="checkbox"/> RENTED <input type="checkbox"/> MORTGAGED <input type="checkbox"/> PARENTS <input type="checkbox"/> COMPANY PROVIDED |                |
| TYPE OF ACCOMMODATION:<br><input type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> PORTION <input type="checkbox"/> OTHER  | RESIDING SINCE |
| MOTHER'S NAME:   |                |
| MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED   |                |
| QUALIFICATION:<br><input type="checkbox"/> MATRIC/O' LEVELS <input type="checkbox"/> INTER/A' LEVELS <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS AND ABOVE                         |                |
| SOURCE OF FUND INVESTED IN STOCK MARKET:<br><input type="checkbox"/> LOANED/ BORROWED <input type="checkbox"/> OWN INVESTMENT <input type="checkbox"/> COLLECTIVE INVESTMENT                               |                |
| ACCOUNT HOLDER <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR   |                |
| IN CASE OF MINOR ACCOUNT HOLDER<br>NAME OF GUARDIAN  |                |

| OCCUPATIONAL DETAILS (to be filled by joint Account Holder)   |               |
|---|---------------|
| NAME OF COMPANY:  |               |
| DESIGNATION:  |               |
| NATURE OF OCCUPATION: <input type="checkbox"/> SALARIED <input type="checkbox"/> BUSINESSMAN <input type="checkbox"/> SELF-EMPLOYED |               |
| NATURE OF BUSINESS (please specify):  |               |
| BUSINESS/EMPLOYMENT TENURE:   | YEARS:        |
|   | MONTHS:       |
| MONTHLY INCOME (IN PAK RUPEE):  | GROSS INCOME: |
|   | NET INCOME:   |
|   | OTHER INCOME: |

| REFERENCE (for joint Account Holder) |            |
|--------------------------------------|------------|
| REFERENCE NAME:                      |            |
| RELATIONSHIP:                        |            |
| ADDRESS (RESIDENCE):                 |            |
| CNIC No:                             | TEL (RES): |
| TEL (OFF):                           | CELL:      |

| CONTACT DETAILS (for official use only)      |   |  |
|--|---|--|
| <input type="checkbox"/> LANDLINE NO.        | <input type="checkbox"/> CNIC NO.         | <input type="checkbox"/> CELL NO.                        |
| <input type="checkbox"/> ADDRESS (RESIDENCE) | <input type="checkbox"/> ADDRESS (OFFICE) | <input type="checkbox"/> PASSPORT (in case of foreigner) |
| <input type="checkbox"/> NATIONALITY         | <input type="checkbox"/> E-MAIL ADDRESS   | <input type="checkbox"/> OBTAIN BUSINESS CARD            |

REMARKS

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

For AZEE Securities (Pvt) Ltd.

**AZEE Securities Private Limited.**

**AUTHORIZATION UNDER SECTIONS 12 AND 24 OF THE CDC ACT EXCLUSIVELY FOR SETTLEMENT OF UNDERLYING TRADES INCLUDING PLEDGE AND RECOVERY OF CHARGES AND LOSSES**

I/we the undersigned, hereby give my/our express authority to the Participant under Section 12 and Section 24 of the Central Depositories Act, 1997 to handle Book-entry Securities beneficially owned by me/us and entered in my/our Sub-Account maintained with the Participant for securities transactions that are exclusively meant for the following purposes:

- A . The Account Holders hereby irrevocably and unconditionally authorize **AZEE Securities (Pvt) Ltd.** {here in after referred to as a company} to move his/her/their shares/securities from his/her/their sub account/group account from time to time with an unfettered right to dispose them off at any time without any notice to Account Holder and to apply the net proceeds thereof towards the adjustment of his/her/their outstanding balance that may be due from him/her/them, directly or indirectly to the Company including under normal settlement as well as against all his/her/their losses and the Account Holders shall continue to be liable for any shortfalls.
- B . The company is further unconditionally and irrevocable authorize to freeze/close his/her/their sub account/group account and/or to move his/her/their shares/securities in the sub-account/group account for any purpose without any notice to him/her/them.
- C . The Account Holders further hereby unconditionally and irrevocably authorize to pledge his/her/their book entry securities in favour of any eligible pledge(s) and in particular. The Karachi Stock Exchange (Guarantee) Ltd. In accordance with Section 12 of the Central Depositories Act, 1997 and the Central Depository Company of Pakistan Limited's Regulations as may be amended and/or substituted from time to time.
- D . The Account Holder further undertake not to move or issue any instructions to the CDC for the movement of any shares/securities in his/her/their sub-account/group account without the prior written consent of the Company.
- E . The Company is further authorized to issue requisite instructions to the CDC/Issues form time to time, if it considers necessary, in respect of his/her/their above understanding with the Company.
- F . The foregoing conditions also constitute his/her/their irrevocable authorization to the company for the purposes of section 24 of the Central Depositories Act, 1997 and the Central Depository Company of Pakistan Limited's Regulations.
- G . The Account Holders further undertake to indemnify the Company for all losses, damages, claims, costs etc. arising out of the opening and maintaining of his/her/their sub-account/group account/trading account and/or servicing his/her/their orders by the Company.

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

For AZEE Securities (Pvt) Ltd.



Registered Office: Suite # 208, Second Floor,  
Business & Finance Centre, I.I. Chundrigar Road,  
Karachi Pakistan.UAN: 111-293-293,  
Branch Office : 33, Ground Floor, Stock Exchange  
Building, Stock Exchange Road, Karachi Pakistan.  
Tel: 021-32473515-22

| For official use of the Participant only |  |
|--|--|
| Application Form No:                     |  |
| CDS Participant ID:                      |  |
| Sub-Account No:                          |  |
| Trading Account No:<br>(if applicable)   |  |

## SUB-ACCOUNT OPENING FORM FOR INDIVIDUALS

(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 | <input type="checkbox"/> | Joint | <input type="checkbox"/> |
|-------------------|--------|--------------------------|-------|--------------------------|

(Please use BLOCK LETTERS to fill the form)

I/We hereby apply for opening of my/our Sub-Account under the Account Family of AZEE Securities (Pvt.) Ltd. (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:

| 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 Name:  |                 |          |                  |  |  |  |  |  |  |  |  |  |                  |                 |                |                 |  |                |         |                |  |              |         |                  |
| 3. Contact Details of Main Applicant:  |                 |          |                  |  |  |  |  |  |  |  |  |  |                  |                 |                |                 |  |                |         |                |  |              |         |                  |
| (a) Permanent Address:<br>(Address should be different from Participant's Business address)  |                 |          |                  |  |  |  |  |  |  |  |  |  |                  |                 |                |                 |  |                |         |                |  |              |         |                  |
|  |                 |          |                  |  |  |  |  |  |  |  |  |  |                  |                 |                |                 |  |                |         |                |  |              |         |                  |
| (b) Mailing Address:   |                 |          |                  |  |  |  |  |  |  |  |  |  |                  |                 |                |                 |  |                |         |                |  |              |         |                  |
| (c) Contact No:  |                 |          |                  |  |  |  |  |  |  |  |  |  |                  |                 |                |                 |  |                |         |                |  |              |         |                  |
| <ul style="list-style-type: none"> <li>• Land Line No:</li> <li>• Local Mobile No:</li> </ul>  |                 |          |                  |  |  |  |  |  |  |  |  |  |                  |                 |                |                 |  |                |         |                |  |              |         |                  |
| (d) Fax: (optional)  |                 |          |                  |  |  |  |  |  |  |  |  |  |                  |                 |                |                 |  |                |         |                |  |              |         |                  |
| (e) Email: (mandatory)   |                 |          |                  |  |  |  |  |  |  |  |  |  |                  |                 |                |                 |  |                |         |                |  |              |         |                  |
| 4. Computerized National Identity Card No:<br>(For resident Pakistani)   |                 |          |                  |  |  |  |  |  |  |  |  |  |                  |                 |                |                 |  |                |         |                |  |              |         |                  |
| - - - - -  |                 |          |                  |  |  |  |  |  |  |  |  |  |                  |                 |                |                 |  |                |         |                |  |              |         |                  |
| 5. Expiry date of CNIC:  |                 |          |                  |  |  |  |  |  |  |  |  |  |                  |                 |                |                 |  |                |         |                |  |              |         |                  |
| 6. NICOP No:<br>(For non-resident Pakistani)   |                 |          |                  |  |  |  |  |  |  |  |  |  |                  |                 |                |                 |  |                |         |                |  |              |         |                  |
| - - - - -  |                 |          |                  |  |  |  |  |  |  |  |  |  |                  |                 |                |                 |  |                |         |                |  |              |         |                  |
| 7. Expiry date of NICOP:   |                 |          |                  |  |  |  |  |  |  |  |  |  |                  |                 |                |                 |  |                |         |                |  |              |         |                  |
| 8. Passport details:<br>(For a foreigner or a Pakistani origin)  |                 |          |                  |  |  |  |  |  |  |  |  |  |                  |                 |                |                 |  |                |         |                |  |              |         |                  |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Passport Number:</td> <td style="width: 30%;">Place of Issue:</td> </tr> <tr> <td>Date of Issue:</td> <td>Date of Expiry:</td> </tr> </table>  |                 |          |                  |  |  |  |  |  |  |  |  |  | Passport Number: | Place of Issue: | Date of Issue: | Date of Expiry: |  |                |         |                |  |              |         |                  |
| 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 than the Main Applicant, any one of the Joint Applicant or their Attorney. Where Contact Person is the Main Applicant or any of the Joint Applicant, 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:   |                 |          |                  |  |  |  |  |  |  |  |  |  |                  |                 |                |                 |  |                |         |                |  |              |         |                  |
| (c) Contact No:  |                 |          |                  |  |  |  |  |  |  |  |  |  |                  |                 |                |                 |  |                |         |                |  |              |         |                  |
| <ul style="list-style-type: none"> <li>• Land Line No:</li> <li>• Local Mobile No:</li> </ul>  |                 |          |                  |  |  |  |  |  |  |  |  |  |                  |                 |                |                 |  |                |         |                |  |              |         |                  |
| (g) Fax: (optional)  |                 |          |                  |  |  |  |  |  |  |  |  |  |                  |                 |                |                 |  |                |         |                |  |              |         |                  |
| (h) Email: (mandatory)   |                 |          |                  |  |  |  |  |  |  |  |  |  |                  |                 |                |                 |  |                |         |                |  |              |         |                  |
| 10. Share holder's Category: <b>INDIVIDUAL</b>   |                 |          |                  |  |  |  |  |  |  |  |  |  |                  |                 |                |                 |  |                |         |                |  |              |         |                  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">AGRICULTURIST</td> <td style="width: 25%; text-align: center;">BUSINESS</td> <td style="width: 25%; text-align: center;">HOUSEWIFE</td> </tr> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">RETIRED PERSON</td> <td style="width: 25%; text-align: center;">STUDENT</td> <td style="width: 25%; text-align: center;">BUSINESS EXEC.</td> </tr> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">PROFESSIONAL</td> <td style="width: 25%; text-align: center;">SERVICE</td> <td style="width: 25%; text-align: center;">OTHERS (specify)</td> </tr> </table> |                 |          |                  |  |  |  |  |  |  |  |  |  |                  | AGRICULTURIST   | BUSINESS       | HOUSEWIFE       |  | RETIRED PERSON | STUDENT | BUSINESS EXEC. |  | PROFESSIONAL | SERVICE | OTHERS (specify) |
|  | AGRICULTURIST   | BUSINESS | HOUSEWIFE        |  |  |  |  |  |  |  |  |  |                  |                 |                |                 |  |                |         |                |  |              |         |                  |
|  | RETIRED PERSON  | STUDENT  | BUSINESS EXEC.   |  |  |  |  |  |  |  |  |  |                  |                 |                |                 |  |                |         |                |  |              |         |                  |
|  | PROFESSIONAL    | SERVICE  | OTHERS (specify) |  |  |  |  |  |  |  |  |  |                  |                 |                |                 |  |                |         |                |  |              |         |                  |
| 11. (a) Occupation:<br>[Please tick (✓) the appropriate box]   |                 |          |                  |  |  |  |  |  |  |  |  |  |                  |                 |                |                 |  |                |         |                |  |              |         |                  |
| (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                      For AZEE Securities (Pvt) Ltd.



| OTHER INFORMATION   |  |  |  |                          |                          |                                     |                          |                                   |                |                          |        |
|---|--|--|--|--------------------------|--------------------------|-------------------------------------|--------------------------|-----------------------------------|----------------|--------------------------|--------|
| <b>1. Dividend Mandate</b> [ Please tick (✓) the appropriate box] <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide following details:  |  |  |  |                          |                          |                                     |                          |                                   |                |                          |        |
| (a) Account Title:  |  |  |  |                          |                          | (b) Account No:                     |                          |                                   |                |                          |        |
| (c) Name of Bank:   |  |  |  |                          |                          | (d) Branch:                         |                          |                                   |                |                          |        |
| (e) Address:  |  |  |  |                          |                          |                                     |                          |                                   |                |                          |        |
| <b>2. National Tax No: (Optional)</b>   |  |  |  |                          |                          |                                     |                          |                                   |                |                          |        |
| <b>3. Nationality:</b>  |  |  |  |                          |                          |                                     |                          |                                   |                |                          |        |
| <b>4. Residential Status</b> [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"/> |                                   |                |                          |        |
| <b>5. If you are maintaining any Special Convertible Rupee Account ("SCRA"), please provide details in (a) to (c):</b>  |  |  |  |                          |                          | (a) SCRA Account No:                |                          |                                   | (b) Bank Name: |                          |        |
|   |  |  |  |                          |                          | (c) Branch Details:                 |                          |                                   |                |                          |        |
| <b>6. Zakat Status:</b>   |  |  |  |                          |                          | Please tick (✓) the appropriate box |                          |                                   |                |                          |        |
| (If, according to the Fiqh of the Applicant(s), Zakat deduction is not applicable, then relevant Declaration on prescribed formal shall be submitted with the concerned Issuer and the Participant)   |  |  |  |                          |                          | <input type="checkbox"/>            | Muslim Zakat payable     |                                   |                |                          |        |
|   |  |  |  |                          |                          | <input type="checkbox"/>            | Muslim Zakat non-payable |                                   |                |                          |        |
|   |  |  |  |                          |                          | <input type="checkbox"/>            | Non-Muslim               |                                   |                |                          |        |
|   |  |  |  |                          |                          | <input type="checkbox"/>            | Not Applicable           |                                   |                |                          |        |
| <b>7. Particulars of nominee (Optional but if desired, nomination should only be made in case of sole individual and not joint account)</b>   |  |  |  |                          |                          |                                     |                          |                                   |                |                          |        |
| [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 aforesaid 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] |  |  |  |                          |                          |                                     |                          |                                   |                |                          |        |
| (a) Name of Nominee:  |  |  |  |                          |                          |                                     |                          |                                   |                |                          |        |
| (b) Father's/Husband's Name:  |  |  |  |                          |                          |                                     |                          |                                   |                |                          |        |
| (c) Relationship with Main Applicant: [Please tick (✓) appropriate box]   |  |  |  |                          |                          | <input type="checkbox"/>            | Spouse                   | <input type="checkbox"/>          | Father         | <input type="checkbox"/> | Mother |
|   |  |  |  |                          |                          | <input type="checkbox"/>            | Brother                  | <input type="checkbox"/>          | Sister         | <input type="checkbox"/> | Son*   |
|   |  |  |  |                          |                          | <input type="checkbox"/>            | Daughter*                | * Including step or adopted child |                |                          |        |
| (d) Address:  |  |  |  |                          |                          |                                     |                          |                                   |                |                          |        |
| (e) CNIC No: (in case of a resident Pakistani)  |  |  |  |                          |                          |                                     |                          |                                   |                |                          |        |
| (f) Expiry date of CNIC:  |  |  |  |                          |                          |                                     |                          |                                   |                |                          |        |
| (g) NICOP No: (in case of a non-resident Pakistani)   |  |  |  |                          |                          |                                     |                          |                                   |                |                          |        |
| (h) Expiry date of NICOP:   |  |  |  |                          |                          |                                     |                          |                                   |                |                          |        |
| (i) Passport details: (In case of a foreigner or a Pakistani origin)  |  |  |  |                          |                          | Passport Number:                    |                          |                                   |                |                          |        |
|   |  |  |  |                          |                          | Place of Issue:                     |                          |                                   |                |                          |        |
|   |  |  |  |                          |                          | Date of Issue:                      |                          |                                   |                |                          |        |
|   |  |  |  |                          |                          | Date of Expiry:                     |                          |                                   |                |                          |        |
| (j) Contact No:   |  |  |  |                          |                          | (k) Fax: (optional)                 |                          |                                   |                |                          |        |
| (l) E-mail: (optional)  |  |  |  |                          |                          |                                     |                          |                                   |                |                          |        |
| <b>D. CDC SMS / IVR/ WEB SERVICES ("CDC access")</b>  |  |  |  |                          |                          |                                     |                          |                                   |                |                          |        |
| 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 is part of such service, where alerts are sent whenever certain activities take place in a sub-account including securities movement, pledge etc.  |  |  |  |                          |                          |                                     |                          |                                   |                |                          |        |
| (a) For SMS Service, please provide local mobile number of your Contact Person:   |  |  |  |                          |                          |                                     |                          |                                   |                |                          |        |
| (b) If you do not wish to subscribe to SMS Service, <b>please sign here:</b>  |  |  |  |                          |                          |                                     |                          |                                   |                |                          |        |
| 2. Do you wish to subscribe to free of cost IVR Service? [Please tick (✓) the appropriate box]  |  |  |  |                          |                          | <input type="checkbox"/>            | Yes                      | <input type="checkbox"/>          | No             |                          |        |
| 3. Do you wish to subscribe to free of cost Web Service? [Please tick (✓) the appropriate box]  |  |  |  |                          |                          | <input type="checkbox"/>            | Yes                      | <input type="checkbox"/>          | No             |                          |        |
| 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) E-mail Address:                 |                          |                                   |                |                          |        |

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

For AZEE Securities (Pvt) Ltd.





**TERMS AND CONDITIONS****IMPORTANT : (Please read and understand the Terms and Conditions before signing and executing this form)**

The Terms and Conditions set herein below shall govern the Sub-Account forming part of the Account Family of the CDS Participant Account of the Participant, which shall be binding on the Sub-Account Holder as well as the Participant:

1. Provisions of the Central Depositories Act, 1997 ("the Act") and the Central Depository Company of Pakistan Limited Regulations ("the Regulations") as amended from time to time and the CDC's Operating Manual/Operating Instructions developed and issued pursuant thereto from time to time and any other by-laws, directives of the Securities and Exchange Commission of Pakistan issued from time to time, shall govern the opening, maintenance and operations of the Sub-Account.
2. Each page of this form should be duly signed by the Applicant (and joint Applicants if any) and the Participant or any authorized person of the Participant.
3. The Participant shall ensure provision of copies of all the relevant laws, rules and regulations at his office for access to the Sub-Account Holder(s) during working hours.
4. The Participant shall provide a list of his authorized agents/traders and designated employees, who can deal with the Sub-Account Holder(s) from time to time. Any change(s) therein shall forthwith be intimated in writing to the Sub-Account Holder(s).
5. The Registration Details and such other information specified by the Applicant in this form for opening of the Sub-Account appear in the Sub-Account to be established by the Participant in the Central Depository System who shall ensure the correctness and completeness of the same. Any change therein notified by the Sub-Account Holder from time to time in writing to the Participant shall reflect in the Sub-Account of such Sub-Account Holder.
6. The Book-entry Securities owned by the Sub-Account Holder shall be exclusively entered in the Sub-Account of such Sub-Account Holder.
7. Transfer, Pledge and Withdrawal of Book-entry Securities entered in the Sub-Account of the Sub-Account Holder shall only be made from time to time in accordance with the authorization given by the Sub-Account Holder to the Participant in Part (G) above pursuant to Section 12 and 24 of the Act. Such authorization shall constitute the congregated / entire authorizations by the Sub-Account Holder(s) in favour of the Participant and supersedes and cancels all prior authorizations (oral, written or electronic) including any different, conflicting or additional terms which appear on any agreement or form the Sub-Account Holder(s) has executed in favour of the Participant.
8. Participant shall be liable to give due and timely effect to the instructions of the Sub-Account Holder given in terms of the above-referred authorization with respect to transfer, pledge and withdrawal of Book-entry Securities entered in his Sub-Account under the control of the Participant. Such instructions, among other matters, may include closing of Sub-Account.
9. Participant shall send within 10 days of end of each quarter Account Balance statement to the Sub-Account Holder without any fee or charge showing the number of every Book-entry Security entered in his Sub-Account as of the end of the preceding quarter. Such Account Balance statement shall be generated from the CDS. Further, the Sub-Account Holder may request for such statement (including Account Activity reports) from the Participant at any time on payment of a fee on cost basis as prescribed by the Participant. The Participant shall be liable to provide such report/statement to the Sub-Account Holder within 3 Business Days from the date of receipt of such request, with or without charges.
10. In consideration for the facilities and services provided to the Sub-Account Holder by the Participant, the Sub-Account Holder shall pay fees and charges to the Participant as applicable for availing such facilities and services under the Act, the Regulations and these Terms & Conditions. In case of outstanding payment against any underlying market purchase transaction, charges and/or losses against the Sub-Account Holder, the Participant shall have the right, subject to Clause 7 above and under prior intimation to the Sub-Account Holder to clear the payment, charges and/or losses (including any shortfall in margin requirements) within the reasonable time prescribed by the Participant, to dispose off the necessary number of Book-entry Securities of the Sub-Account Holder and apply the net proceeds thereof towards the adjustment of such outstanding payment, charges and/or losses, provided that the Participant shall report the disposal of such Securities to the relevant Stock Exchange as an off-market transaction where the Securities are transferred from the Sub-Account to the House Account of the Participant.
11. Participant shall have the right, subject to 20 Business Days prior written notice to the Sub-Account Holder to close the Sub-Account if it becomes dormant with no holding balances. No Sub-Account shall be treated as dormant unless there is no activity for continuous six months.
12. Where admission of Participant to the CDS is suspended or terminated by the CDC, the Sub-Account Holder shall have the right, subject to the Regulations and the Procedures made thereunder, to request CDC to change his Controlling Account Holder and Participant shall extend full cooperation to the Sub-Account Holder in every regard, without prejudice to his right of recovery of any dues or receivable from the Sub-Account Holder.
13. In case of a Joint Account, all obligations and liabilities in relation to this Sub-Account or under these Terms and Conditions shall be joint and several.
14. These Terms and Conditions shall be binding on the Participant's nominee, legal representative, successors in interest and/or permitted assigns.
15. In the event of any conflict between these Terms and Conditions and the terms and conditions contained in Trading Account Opening Form or any other forms/authorizations prescribed by the Participant or otherwise, the Terms and Conditions contained herein shall prevail, insofar as it is related to the custodial services to be provided by the Participant under the legal framework of CDC.
16. The provision of services as provided for hereunder shall not constitute Participant as trustee and the Participant shall have no trust or other obligation in respect of the Book-entry Securities except as agreed by the Participant separately in writing.
17. The Participant is not acting under this application form as Investment Manager or Investment Advisor to the Sub-Account Holder(s).
18. The Participant should ensure due protection to the Sub-Account Holder regarding rights to dividend, rights or bonus shares etc. in respect of transactions routed through him and not do anything which is likely to harm the interest of the Sub-Account Holder with/from whom it may have had transactions in securities.
19. Subject to Section 21 of the Act, Participant shall maintain complete confidentiality of any information or document that is in his knowledge or possession or control relating to the affairs of the Sub-Account Holder(s), and in particular, relating to their Sub-Account(s), and shall not give, divulge, reveal or otherwise disclose such information or document to any other person.
20. These Terms and Conditions shall be deemed to have been amended, altered and/or modified if rights and duties of the parties hereto are altered by virtue of change in law, rules, regulations etc. of SECP and/or articles, rules, regulations of the Stock Exchanges and/or the Act, CDC's Regulations, CDC's Operating Manual/Operating Procedures and/or any circular, directive or direction issued therein, such changes shall be deemed to have been incorporated and modified the rights and duties of the parties hereto.
21. The Participant shall ensure that duly filled in and signed copy of this form along with the acknowledgment receipt is provided to the Sub-Account Holder.

Signatures:

Main ApplicantJoint Applicant 1Joint Applicant 2Joint Applicant 3For AZEE Securities (Pvt) Ltd.



**DECLARATION & UNDERTAKING**

I/We, the undersigned, hereby declare that:

- a) I/We am/are not minor(s);
- b) I/We am/are of sound mind;
- c) I/We have not applied to be adjudicated as an insolvent and that I/We have not suspended payment and that I/We have not compounded with my/our creditors;
- d) I/We am/are not an undischarged insolvent;
- e) I/We confirm having read and understood the above Terms and Conditions and I/We hereby unconditionally and irrevocably agree and undertake to be bound by and to comply with the above Terms and Conditions and any other terms and conditions which may be notified from time to time with the approval of the concerned authorities modifying or substituting all or any of the above Terms and Conditions in connection with the opening, maintenance and operation of the Sub-Account;
- f) I/We, being the Applicant(s), hereby further confirm that all the information contained in this form is true and correct to the best of my/our knowledge as on the date of making this application;
- g) I/We further agree that any false/misleading information by me/us or suspension of any material fact will render my/our Sub-Account liable for termination and further action under the law; and
- h) I/We hereby now apply for opening, maintaining, operation of Sub-Account forming part of the Account Family of CDS Participant Account of Participant

**DISCLAIMER FOR CDC ACCESS**

The main objective of providing information, reports and account maintenance services through the Interactive Voice Response System, Internet /Web access and Short Messaging Service ("SMS") or any other value added service is to facilitate the Sub-Account Holders ("Users") with a more modern way to access their information. CDC makes no other warranty of the IVR, Internet /Web access, SMS or any other value added services and Users hereby unconditionally agree that they shall make use of the internet/web access subject to all hazards and circumstances as exist with the use of the internet CDC shall not be liable to any Users for providing and making available such services and for failure or delay in the provision of SMS to Users and all Users, who use the IVR, internet access, SMS or any other value added services, shall be deemed to have indemnified CDC, its directors, offices and employees for the time being in office and held them harmless from and against any losses, damages, costs and expenses incurred or suffered by them as a consequence of use of the IVR system, internet/web access, SMS or any other value added services.

All Users hereby warrant and agree that their access of the internet /web by the use of a User-ID and login is an advanced electronic signature and upon issuance of such User-ID to the user, they hereby waive any right to raise any objection to the compliance of the User-ID and login with the criteria of an advance electronic signature.

All Users shall by signing this Form and by their conduct of accessing the IVR, internet/Web access, SMS or any other value added services agree to all the terms and conditions and terms of use as shall appear on the CDC website at [www.cdcaccess.com.pk](http://www.cdcaccess.com.pk) which shall be deemed to have been read and agreed to by the Users before signing this form.

|   |                 |            |
|---|-----------------|------------|
| Name of Applicant:  | Date:<br>Place: | Signature: |
| Name of Joint Applicant No 1:   | Date:<br>Place: | Signature: |
| Name of Joint Applicant No 2:   | Date:<br>Place: | Signature: |
| Name of Joint Applicant No 3:   | Date:<br>Place: | Signature: |
| <b>For and on behalf of</b><br>(In case if signed by the Attorney on behalf of the Applicant (s))   |                 |            |
| I/we hereby agree to admit the Applicant(s) as the Sub -Account Holder(s) in terms of the above Terms and Conditions as amended from time to time and shall abide by the same in respect of opening, maintenance and operation of such Sub-Account. |                 |            |
| <b>Name of Participant:</b>   | <b>Date:</b>    |            |
| <b>Participant's Seal &amp; Signature:</b>  |                 |            |
| <b>Witnesses:</b>   |                 |            |
| <b>1. Name:</b>   |                 |            |
| Signature:  | CNIC No:        |            |
| <b>2. Name:</b>   |                 |            |
| Signature:  | CNIC No:        |            |

**Enclosures:**

1. Attested copy of CNIC / NICOP / Passport of the Applicants / Joint Applicants / nominee(s) (as the case may be)
2. Duly notarised Power of Attorney\* (if applicable)
3. Zakat Declaration of the Applicant and the Joint Applicant (if applicable)
4. Attested copy of NTN Certificate (if applicable)

\* Where the Applicant is a non-resident or foreign company/entity, duly consularized copy of Power of Attorney by the Consul General of Pakistan having jurisdiction over the Applicant(s) should be Submitted.

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

For AZEE Securities (Pvt) Ltd.

| 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 no. issued:                               |                          |          |                          |            |                                   |
| Account opened by:                                    |                          |          |                          |            |                                   |
| Saved by:   |                          |          |                          |            |                                   |
| Posted by:  |                          |          |                          |            |                                   |
| Signature:  |                          | Date:    |                          | Signature: |                                   |
|   |                          |          |                          | Date:      |                                   |
| Remarks: (if any)                                     |                          |          |                          |            |                                   |

---

| ACKNOWLEDGEMENT RECEIPT  |  |
|--|--|
| Application No:  | Date of receipt:                           |
| I/We hereby confirm and acknowledge the receipt of duly filled and signed Sub-Account Opening Form from the following Applicant: |  |
| [Insert Name of Applicant(s)]  | <b>Participant's Seal &amp; Signature:</b> |
| 1.   |  |
| 2.   |  |
| 3.   |  |
| 4.   |  |

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

For AZEE Securities (Pvt) Ltd.

Date:

The Chief Executive  
AZEE Securities (Pvt.) Ltd.  
208, 2nd Floor, Business & Finance Center  
I.I. Chundrigar Road,  
Karachi - Pakistan.

Dear Sir,

RE: CONFIRMATION OF APPOINTMENT OF \_\_\_\_\_ AS MY AGENT

I/We am trading in Shares and securities with your brokerage house through my Agent, \_\_\_\_\_ who had introduced me to your brokerage house.

I/We confirm that \_\_\_\_\_ is my Agent, representing me to you and trading on my behalf through you brokerage house. I shall be responsible for all the transactions effectuated by him on my account and for all his acts and dealings for which you which you shall not be liable in any manner.

Thanking you,

WITNESS:

1. \_\_\_\_\_

2. \_\_\_\_\_

**ENCLOSURES (FOR INDIVIDUALS)**

1. Attested copies of National Identity Card of the applicant.
2. Attested copies of National Identity Card of the Joint Holders and or Nominee(s) (if applicable)
3. Attested copies of passports of the applicant, Joint Holders and or Nominee(s) (in case of non-residents)
4. Copy of the letter of authorization from the Account Holder(s) of the person authorized to trade in my/our accounts (if other than the account holder).
5. A list of Transaction fee, Commission to be charged by the Broker and other CDC charges to be levied.

**ENCLOSURES (FOR CORPORATE ENTITIES)**

1. Certified true copy of Board Resolution (specimen provided as per Annexure-A below).
2. Certified true copies of Memorandum & Articles of Association.
3. List of authorized signatories.
4. List of nominated persons allowed placing orders

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

For AZEE Securities (Pvt) Ltd.

SCHEDULE OF COMMISSION CHARGES, OTHER CHARGES AND REQUIRED MARGIN FOR THE PURPOSE OF TRADING

OTHER CHARGES:

1. Central Depository Charges Rs. 0.02 per share
2. National Clearing Charges Rs 1.50 on every transaction of Rs. 100,000/-
3. Physical Shares Deposited in CDC Rs. 0.50 per share
4. Laga, SECP and NCSS charges will be charged according to the company policy.
5. Late payment charges will be charged on all ledger debit balances on daily basis according to the Company Policy

AZEE Securities (Pvt) Ltd. is authorized to revise commission charges & other charges and any change in the above will be notified to the account holder.

Account No. \_\_\_\_\_

Name \_\_\_\_\_

Client Signature \_\_\_\_\_

Commission Slabs

| TYP | FROM   | TO      | COMM  |
|-----|--------|---------|-------|
| DEL | 0.00   | 4.99    | _____ |
|     | 5.00   | 9.99    | _____ |
|     | 10.00  | 49.99   | _____ |
|     | 50.00  | 99.99   | _____ |
|     | 100.00 | 199.99  | _____ |
|     | 200.00 | 9999.99 | _____ |
| DIF | 0.00   | 99.99   | _____ |
|     | 100.00 | 199.99  | _____ |
|     | 200.00 | 9999.99 | _____ |
| FDL | 0.00   | 4.99    | _____ |
|     | 5.00   | 9.99    | _____ |
|     | 10.00  | 49.99   | _____ |
|     | 50.00  | 99.99   | _____ |
|     | 100.00 | 199.99  | _____ |
|     | 200.00 | 9999.99 | _____ |
| FDF | 0.05   | 99.99   | _____ |
|     | 100.00 | 199.99  | _____ |
|     | 200.00 | 9999.99 | _____ |
| FRL | 0.05   | 99.99   | _____ |
|     | 100.00 | 199.99  | _____ |
|     | 200.00 | 9999.99 | _____ |

FOR OFFICE USE ONLY

ACCOUNT TITLE : \_\_\_\_\_

ACCOUNT NO. : \_\_\_\_\_

KATS CODE : \_\_\_\_\_

AGENT NAME : \_\_\_\_\_

BRANCH : \_\_\_\_\_

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

For AZEE Securities (Pvt) Ltd.

FOR INTERNAL USE ONLY

KYC / CDD CHECKLIST

|      |               |                 |
|------|---------------|-----------------|
| Date | Account Title | Account / UIN # |
|      |               |                 |

**SECTION (A)**

[Please tick (✓) appropriate box]

| INDIVIDUALS / SOLE PROPRIETORSHIP   | P/s Tick                 |
|-------------------------------------|--------------------------|
| CNIC of Principal and Joint Holders | <input type="checkbox"/> |
| Passport for Foreign Nationals      | <input type="checkbox"/> |
| NICOP For Non- Resident Pakistanis  | <input type="checkbox"/> |
| Proof of Employment                 | <input type="checkbox"/> |
| Proof of Business                   | <input type="checkbox"/> |
| NTN Certificate, Where Available    | <input type="checkbox"/> |

**IF DOCUMENTS / INFORMATION IS COMPLETE, PROCEED TO SECTION B**

List any missing documents / information below:

**IF ANY DOCUMENTS OR INFORMATION IS MISSING, PROCEED TO SECTION E,4**

**SECTION (B)**

Assessment of Information Provided in Section A

Based on information provided in A,

[Please tick (✓) appropriate box] YES or NO

P/s Tick

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Is the investor also the ultimate beneficiary of the fund to be invested  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If NO, joint account should be opened or power of attorney be provided by ultimate beneficiary with relevant documentary details of the beneficiary | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

For AZEE Securities (Pvt) Ltd.

**SECTION (C)**

| INDIVIDUALS   | P/s Tick                 |                          |
|---|--------------------------|--------------------------|
|   | YES                      | NO                       |
| [Please tick (✓) appropriate box] YES or NO   |                          |                          |
| 1. Is The Person A Non- Resident Pakistani  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is The Person A High Net Worth Individual With No Identifiable Source Of Income Or His/ Her  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is The Person Involved In Dealing In High Value Items (Based On Declared Occupation)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is The Person A Foreign National   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does The Person Appear To Have Links Or Money Transfer To / Form Offshore Tax Havens Or Belongs To Country(S) Where Kyc / Cdd And Anti Money Laundering Regulations Are Tax (In Terms Of Sufficiently Applying Fatf Recommendations) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is There Any Reason To Believe That The Person Has Been Refused Account Opening By Another Financial Institution / Brokerage House   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is The Person Opening The Brokerage Account On A Non- Face Basis / On-line Customer  | <input type="checkbox"/> | <input type="checkbox"/> |

**IF THE RESPONSE TO ANY QUESTION (1-7) ABOVE WAS 'YES', PROCEED TO SECTION E,3**

|   |                          |                          |
|---|--------------------------|--------------------------|
| 8. Is The Person A Holder Of A Senior Level Public ( Government ) Office I.E. A Politically Exposed Person (PEP) Or A Family Member Of PEP. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is The Person A Holder Of High Profile Position ( E.G. Senior Politician )   | <input type="checkbox"/> | <input type="checkbox"/> |

**IF THE RESPONSE TO ANY QUESTION (8-9) ABOVE WAS 'YES', PROCEED TO SECTION D ELSE PROCEED TO SECTION E,1**

**SECTION (D)**

**POLITICALLY EXPOSED PERSON / FOREIGN NATIONAL / HOLDERS OF HIGH PROFILE POSITION**

Is The Brokerage Account Relationship With This High Risk Category Person Including Politically Exposed Person / Foreign National / Holder Of High Profile Position, Approved By The Nominee Director, CEO / COO Of Brokerage House ( Approval Shall Be Provided By Management Through Signing The Respective Account Opening Form )

**IF YES, PROCEED TO SECTION E,3**

**IF NO, PROCEED TO SECTION E,4**

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

For AZEE Securities (Pvt) Ltd.

**SECTION (E)**

**INVESTOR RISK PROFILE**

|     | RISK CLASSIFICATION | KYC REQUIREMENTS   |
|-----|---------------------|--|
| E.1 | LOW RISK            | Reduced KYC Requirements Shall Be Applicable:<br>Investor Account Can Be Opened Once Information / Documents Mentioned In Section A Have Been Provided.  |
| E.2 | MEDIUM RISK         | Greater care required and documents listed in section a should be obtained before opening of account.  |
| E.3 | HIGH RISK           | Reduced KYC Requirements Shall Be Applicable:<br>Investor Account Can Be Opened Once Information / Documents Mentioned In Section A Have Been Provided.<br><br>Transactions Shall Be Monitored To Ensure That The Funds Used For Investments Are Form An Account Under The Investor's Own Name In A Financial Institution (E.G. Bank) Subject To High Due Diligence Standards And The Amount And Frequency Of Investments Are Not Unusual Given The Nature And Financial Strength Of The Investor. |
| E.4 | HIGH RISK           | Account Cannot be Opened As KYC Requirments Have Not been Fulfillad.   |

[Please tick (✓) appropriate box] YES or NO

YES

NO

|  |                          |                          |
|--|--------------------------|--------------------------|
| CONFIRMATION Of Physical Presence Of Customer When Opening Account | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

**OTHER COMMENTS**

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|              |                       |           |      |
|--------------|-----------------------|-----------|------|
| COMPLETED BY | Name Of Sales / Agent | Singature | Date |
|              |                       |           |      |

|            |                           |           |      |
|------------|---------------------------|-----------|------|
| CHECKED BY | Name Of Compliance Person | Singature | Date |
|            |                           |           |      |

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

For AZEE Securities (Pvt) Ltd.

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**UAN: 111-293-293**

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