

**PROGRESSIVE SECURITIES (PVT) LIMITED (Broker Registration No. 256)****Member Pakistan Stock Exchange****Office No.520, 5<sup>th</sup> Floor, 19-Khayaban-e-Aiwan-e-Iqbal Lahore.****Ph: 042-36308778-80, 042-36317049 Fax: 042-36017048****Branch Office Lahore:**Room No. 608, 6<sup>th</sup> Floor,

Pakistan Stock Exchange

Lahore. Ph: 042-36304211-13

**Branch Office Sargodha:**31-FF, 1<sup>st</sup> Floor, Al-Rehman Trade Center

University Road Sargodha.

Ph: 0483-768589-90, 0483-768514

**KNOW YOUR CUSTOMER (KYC) APPLICATION FORM****INDIVIDUAL***(Please use BLOCK LETTERS to fill the form)*

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

\* Optional

\*\* For NICOP/ARC/POC/Passport, Email is mandatory and Mobile Number is Optional. Whereas for CNIC/SNIC, Mobile Number is Mandatory and Email is Optional. In case of SNIC where country of stay is not Pakistan, email will be mandatory.

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

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

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

Main Applicant

---

Sign/Stamp Authorized Signatory

---