

# Kosmopolitan Securities (Pvt) Limited

Registered Office: MR-7/52-53, 574/1, Adamjee Dawood Road, Jodia Bazar, Karachi. Tel No: 021-2446035 Fax No: 32416951

Nature of Account

Main Applicant

Joint Applicant 1

Single

Trading Work Shop Office: Ground Floor, G&T Tower # 18, Beaumont Road Civil Lines -10, Karachi. Tel No: 021-35659514, 35659528 Fax No: 021-35659516

Joint

For official use of the Participant only								
Application Form No:								
CDS Participant ID:								
Sub-Account No:								
Trading Account No: (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)

I/We hereby apply for opening of my/our Sub-Acc	count 11	nder tl	`		OCK LET		-			nt] (her	einafter r	eferred to	o as "Pai	ticinant'	') mainta	ined in	the
Central Depository System ("CDS") of the Central  A. REGISTRATION (AND OTHER) DETAILS O	Deposi	itory C	Company	of Pakis										puitt	,		
1. Full name of Applicant (As per CNIC / NICOP /																	
2. Father's / Husband's Name:	1 азэр	ort) IV	IIX, / IVIIV	10. / IVIS	•												
3. Contact Details of Main Applicant:																	
(a) Permanent Address:																	
(Address should be different from Participant's bu	siness o	addres	:s)														
(b) Mailing Address: (c) Contact No:																	
Land Line No.:     Local Mobile No.(*)	(	(d) Fax	k: (option	nal)						(e) E1	mail: (*)						
4. Computerized National Identity Card No: (For resident Pakistani)								1								-	
5. Expiry date of CNIC:			•		•						•	•	•	•	•		
6. NICOP No: (For non-resident Pakistani)								-								-	
7. Expiry date of NICOP:						<u> </u>				ļ							ļ
Paceport Number: Place of Iceue																	
8. Passport details: (For a foreigner or a Pakistani origin) Date of Issue:  Date of Expiry:																	
9. Details of Contact Person: [Note: Contact aPerson 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.						Ĭ					,		-				
(b) Relationship/ association of the Attorney with the	Main A	Applica	ant:														
(c) Address:																	
(d) Computerized National Identity Card No:								-								-	
(e) Expiry date of CNIC:																	
(f) Contact No:  Land Line No.:  Local Mobile No.(*)	(	(g) Fax	k: (optior	nal)						(h) En	nail: (*)						
10. Share holder's Category:				INDIV	TDUAL												
		AG	RICULT	URIST		В	BUSI	INESS		Н	OUSEWI	IFE			HOUSE	HOLD	
11. (a) Occupation:  [Please tick (□) the appropriate box]		RE	TIRED P	ERSON		S	STUI	DENT		В	USINESS	S EXEC.			INDUS	ΓRIALIS	ST
		PRO	OFESSIO	NAL		S	SERV	VICE		O	THERS (	specify)					
(b) Name of Employer / Business:						(0	(c) Jo	ob Title	e / Desig	nation:							
(d) Address of Employer / Business:																	
*At least one field must be mandatorily filled.																	
Signatures:																	

Joint Applicant 2

Joint Applicant 3

Participant



Main Applicant

B. REGISTRATION (AND OTHER) DETAILS (	OF THE	JOI	NT A	PPLICA	NT(S)												
	]	PER	SONA	L INFO	RMATI	ON – JO	INT AP	PLICA	ANT NO.	. 1							
1. Full name of Applicant (As per CNIC / NICOP	/ Passp	ort)	MR./	MRS./	MS.												
2. Father's / Husband's Name:																	
3. Permanent Address:																	
(Address should be different from Participant's bu			is)			1 4 > F						г	.,				
4. (a) Contact No: Land Line No. Local 5. Computerized National Identity Card No:	Mobile 1	No.		_	_	(b) F	ax: (opti	onai)	1	1	(c)	Ema	111:	г -	т —	1	ı
(For resident Pakistani)							-									-	
6. Expiry date of CNIC:																	
7. NICOP No: (For non-resident Pakistani)							-									-	
8. Expiry date of NICOP:																	
9. Passport details:				Passpo	rt Numbe	er:				Pla	ce of l	Issue	:				
(For a Foreigner or a Pakistani origin)				Date of	f Issue:					Dat	e of E	xpir	y:				
10. (a) Occupation:	$\sqcup$	AG	RICUI	LTURIST	Γ	$\perp$	BUSINE	ESS		HOUS	EWIF	Е			HOUS	EHOLD	
[Please tick (\(\sigma\)) the appropriate box]	$\sqcup$			PERSO	N	-	STUDE			BUSIN					INDUS	TRIALI	ST
		PRO	OFESS	SIONAL		_	SERVIC			OTHE	RS (sp	pecif	y)				
(b) Name of Employer / Business:							(c) Job T	Title / I	Designatio	on:							
(d) Address of Employer / Business:																	
						ON – JO	INT AP	PLICA	ANT NO.	. 2							
1. Full name of Applicant (As per CNIC / NICOP	/ Passp	ort)	MR./	MRS. /	MS.												
2. Father's / Husband's Name:																	
3. Permanent Address: (Address should be different from Participant's bu	ısiness ad	ddres	is)														
	Mobile					(b) F	ax: (opti	onal)			(c)	Ema	il:				
5. Computerized National Identity Card No: (For resident Pakistani)							-									-	
6. Expiry date of CNIC:				_	_			-	_ !	ļ					-		ļ
7. NICOP No:						1	1_			İ	T					Τ_	
(For non- resident Pakistani) 8. Expiry date of NICOP:				_													
				Daceno	rt Numbe	or:				Dla	ce of l	[cena					
9. Passport details: (For a Foreigner or a Pakistani origin)			ł	Date of						_	e of E						
		AG	RICUI	LTURIST			BUSINE	ESS		HOUS			, .		HOUS	EHOLD	
10. (a) Occupation:		RET	ΓIRED	PERSO	N		STUDE	NT		BUSIN	ESS 1	EXE	C.		INDUS	TRIALI	ST
[Please tick ( $\checkmark$ ) the appropriate box]		PRO	OFESS	IONAL			SERVIC	Έ		OTHE	RS (sp	pecif	y)				
(b) Name of Employer / Business:							(c) Job T	Title / I	Designatio	on:							
(d) Address of Employer / Business:						•											
	]	PER	SONA	L INFO	RMATI	ON – JO	INT AP	PLICA	ANT NO	. 3							
1. Full name of Applicant (As per CNIC / NICOP	/ Passp	ort)	MR./	MRS./	MS.												
2. Father's / Husband's Name:																	
3. Permanent Address:		11	\														
(Address should be different from Participant's bu 4. (a) Contact No: Land Line No. Local	Mobile 1		is)			(b) F	ax: (opti	ional)			(c)	Ema	il:				
5. Computerized National Identity Card No: (For resident Pakistani)						(-)	-									-	
6. Expiry date of CNIC:				•		•											
7. NICOP No:							_									_	
(For non- resident Pakistani)  8. Expiry date of NICOP:			<u> </u>					1					l				1
				Passpo	rt Numbe	er:				Pla	ce of l	ssue	:				
9. Passport details: (For a Foreigner or a Pakistani origin)			ŀ	Date of		•				_	e of E						
		AG	RICUI	LTURIS			BUSINE	ESS		HOUS					HOUS	EHOLD	
<b>10. (a) Occupation:</b> [Please tick (✓) the appropriate box]		RET	ΓIRED	PERSO	N		STUDE	NT		BUSIN	IESS I	EXE	C.		INDUS	TRIALI	ST
[1 lease new ( · ) me appropriate vox;		PRO	DFESS	SIONAL			SERVIC	E		OTHE	RS (sp	pecif	y)				
(b) Name of Employer / Business:							(c) Job T	Title / Γ	Designatio	on:							
(d) Address of Employer / Business:																	
Signatures:																	

Joint Applicant 2

Joint Applicant 1

Joint Applicant 3

Participant



C OTHER INCORMATION																		
C. OTHER INFORMATION  1. Dividend Mandate [Please tick (✓) the appr	opriate ho	·1			Yes	T	,	No	If v	es nless	se provide	e follo	wine d	etails.				
(a) Account Title:	opiuie 000	<i></i>		Ц	1 05		Щ	.10	_	Account		10110	mg u	13.				
(c) Name of Bank:									+ ``	Branch:	1110.							
(e) Address:									(u)	Dianen.								
2. National Tax No: (Optional)																		
3. Nationality:																		
4. Residential Status [Please tick (✓) the appro	nviata bov					Resident			Non	Resident		D	epatria	Ыa	Non	Repatriab	la.	
4. Residential Status [1 lease lick (*) the appro-	priate boxj	Pakistani				Resident			Non-	resident		K	ерини	1	Non-	Керитио	7	
		Pakistani Orig	gin			╁		$\top$	<u> </u>	_			┶	<u> </u>		<u> </u>	╧	
		Foreign Natio	onal			╁┼		+	<u> </u>	_	-+		┾	<u> </u>		<u> </u>	┽─	
5. If you are maintaining any Special Convert		(a) SCRA Ac						(b	) Bank N	lame:					1			
Rupee Account ("SCRA"), please provide de (a) to (c):	tails in	(c) Branch De	etails:															
		•									Ple	ease ti	ck ( • )	the appr	opriate l	box		
6. Zakat Status:								F	I M	Iuslim Z	akat paya	ıble						
(If, according to the Figh of the Applicant(s), Za.	kat deducti	on is not applica	ble, then rel	levant Declai	ration on	prescribed	i	Ĭ⊨	N	Iuslim Z	akat non-	payab	ole					
format shall be submitted with the concerned Iss								Ĭ⊢	N	on-Musl	lim							
								┢	N	ot Appli	cable							
	(a) Nam	e of Nominee:																
	(b) Fathe	er's/Husband's N	Name:															
							1	-1	Spouse			71	Father			Moth	er	
	(c) Relat	ionship with Ma	nin Applican	ıt:			냳	╧╫			┵	┵			╫	_		
	[Please tick (*) appropriate box]																	
7. Particulars of nominee (Optional but if desired, nomination should only be made in							╨	Ш	Daught	er*					* Inc	luding ste	or adopi	ed child
case of sole individual and not joint account)	(d) Add																	
	(e) CNIO	C No: of a resident Pal	kistani)							-							-	
[In case of death of Sub-Account Holder: Nomination may be made in terms of	(f) Expir	y date of CNIC:														·		
requirements of Section 80 of the Companies Ordinance, 1984, which inter alia requires	(g) NICO	OP No: of a non-residen	rt Dalrietani)							-							-	
that person nominated as aforesaid shall not be a person other than the following relatives		ry date of NICO																-
of the Sub-Account Holder, namely: a spouse, father, mother, brother, sister and son or	(-)p	-,					D.		t Numbe									
daughter, including a step or adopted child.]							$\vdash$											
		ort details: of a foreigner or	r a Pakistani	i origin)			Pl	lace of	Issue:									
	(In case	oj u joreigner or	u i ukisiuni	i origin)			D	ate of	Issue:									
							D	ate of	Expiry:									
	(j) Conta	act No:					(k	x) Fax:	(optiona	1)								
	(l) E-ma	il: (optional)																
D. CDC SMS / IVR/ WEB SERVICES ("CDC	access")																	
CDC provides <u>FREE OF COST</u> services under	CDC acces	s whereby sub-a	ccount holde	ers can have	real time	access to 1	heir a	ccoun	t related	informat	tion.							
SMS or eAlert/eStatement is a mandate electronically transmitted to your email																	statement	will be
Short Messaging Service (SMS)					Mobil	e No.(†)							+ .60-				. D A .	. Dt D
eAlert / eStatement Service					Email	Address (	†)									may be.	n Part A o	г Рап в
1(b). If you have subscribed for eStatement, ple tick ( ) the appropriate box]	ease specify	the frequency of	of eStatemen	nt: [Please		Monthly			Г				(	Quarterly	/			
2. Do you wish to subscribe to free of cost IVE	Service?	[Please tick (□)	the appropri	iate box]	•				F	7	Yes			$\neg$		No		
3. Do you wish to subscribe to free of cost We	b Service?	[Please tick ( 🗸)	) the approp	riate box]						1	Yes		T	=		No		
4. If you are subscribing to IVR and/or Web S	Service, ple	ase provide foll	lowing detai	ils of your C	ontact P	erson:	i											
(a) Date of Birth (DD / MM / YYYY)				/				/										
(b) Mother's Maiden Name:						(c) Ema	il Add	dress (	of Conta	ct Persor	n as provi	ded ir	n Part A	or Part	B of this	Form, as	the case n	nay be):
Signatures:																		
Main Applicant Jo	int Applic	ant 1	Join	nt Applican	t 2		J	oint A	Applica	nt 3			F	articipa	ant			



1. Signatory(ies) to give instruction to the Participant pertaining to the operations of the Sub-Account.  (Please specify sub- account operating instructions in the relevant column along with names and specimen signatures of authorised signatories)  2. Sub-Account Operating Instructions: [Please (*) appropriate box]  F. BANK VERIFICATION  The following information is required to be verified by the Bank Mana Particulars of Main Applicant:  Bank Account Title:  Bank Account No:  Address of Applicant:  Signature of Applicant:  We do hereby verify the above particulars and signature of our above a Particulars of Bank Manager / Authorized Officer:  Name:  E-mail:	CNIC N	Either (Sin Jointly [ar	ngly) c		ivor		k acco	unt:	Ple	asse sj	Attorn Any o	iey	imen S	ignatu	res
(Please specify sub- account operating instructions in the relevant column along with names and specimen signatures of authorised signatories)  2. Sub-Account Operating Instructions: [Please (✓) appropriate box]  F. BANK VERIFICATION  The following information is required to be verified by the Bank Mana Particulars of Main Applicant:  Bank Account Title:  Bank Account No:  Address of Applicant:  Signature of Applicant:  We do hereby verify the above particulars and signature of our above a Particulars of Bank Manager / Authorized Officer:  Name:	(b) (c) (d)  ager only where	Jointly [ar	ny]		_	ng ban	k acco	unt:	Ple:	aase sj	Any o	_			
2. Sub-Account Operating Instructions: [Please ( ) appropriate box]  F. BANK VERIFICATION The following information is required to be verified by the Bank Mana Particulars of Main Applicant: Bank Account Title: Bank Account No: Address of Applicant: Signature of Applicant: We do hereby verify the above particulars and signature of our above a Particulars of Bank Manager / Authorized Officer: Name:	(c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Jointly [ar	ny]		_	ng ban	k acco	unt:	Ple	asse sp	Any o	_			
2. Sub-Account Operating Instructions: [Please ( ) appropriate box]  F. BANK VERIFICATION The following information is required to be verified by the Bank Mana Particulars of Main Applicant: Bank Account Title: Bank Account No: Address of Applicant: Signature of Applicant: We do hereby verify the above particulars and signature of our above a Particulars of Bank Manager / Authorized Officer: Name:	(d)	Jointly [ar	ny]		_	ng ban	k acco	unt:	Plea	asse sp	Any o	_			
2. Sub-Account Operating Instructions:  [Please ( ) appropriate box]  F. BANK VERIFICATION  The following information is required to be verified by the Bank Mana  Particulars of Main Applicant:  Bank Account Title:  Bank Account No:  Address of Applicant:  Signature of Applicant:  We do hereby verify the above particulars and signature of our above at a particulars of Bank Manager / Authorized Officer:  Name:	ager only where	Jointly [ar	ny]		_	ng ban	k acco	unt:	Plea	ase sp	Any o	_			
[Please ( ) appropriate box]  F. BANK VERIFICATION  The following information is required to be verified by the Bank Mana  Particulars of Main Applicant:  Bank Account Title:  Bank Account No:  Address of Applicant:  Signature of Applicant:  We do hereby verify the above particulars and signature of our above a   Particulars of Bank Manager / Authorized Officer:  Name:	CNIC N	Jointly [ar	ny]		_	ng ban	k acco	unt:	Plea	ase sp	Any o	_			
[Please ( ) appropriate box]  F. BANK VERIFICATION  The following information is required to be verified by the Bank Mana  Particulars of Main Applicant:  Bank Account Title:  Bank Account No:  Address of Applicant:  Signature of Applicant:  We do hereby verify the above particulars and signature of our above a   Particulars of Bank Manager / Authorized Officer:  Name:	CNIC N	e the Main Ap		it is ma	intaini	ng ban	k acco	unt:	Ples	ase sp		ther			
The following information is required to be verified by the Bank Mana  Particulars of Main Applicant:  Bank Account Title:  Bank Account No:  Address of Applicant:  Signature of Applicant:  We do hereby verify the above particulars and signature of our above at Particulars of Bank Manager / Authorized Officer:  Name:	CNIC N	io:	pplican	it is ma	intaini	ng ban	k acco	unt:	Plea	ase sp	pecify:	I			
The following information is required to be verified by the Bank Mana  Particulars of Main Applicant:  Bank Account Title:  Bank Account No:  Address of Applicant:  Signature of Applicant:  We do hereby verify the above particulars and signature of our above at Particulars of Bank Manager / Authorized Officer:  Name:	CNIC N	io:	pplican	at is ma	intaini	ng ban	k acco	unt:				I		T	
Particulars of Main Applicant:  Bank Account Title:  Bank Account No:  Address of Applicant:  Signature of Applicant:  We do hereby verify the above particulars and signature of our above a Particulars of Bank Manager / Authorized Officer:  Name:	CNIC N	io:	pplican	t is ma	intaini	ng ban	k acco	unt:		I		T	T		
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Bank Account Title:  Bank Account No:  Address of Applicant:  Signature of Applicant:  We do hereby verify the above particulars and signature of our above a  Particulars of Bank Manager / Authorized Officer:  Name:							-			Τ		Т	Т	$\overline{}$	$\vdash$
Address of Applicant:  Signature of Applicant:  We do hereby verify the above particulars and signature of our above a  Particulars of Bank Manager / Authorized Officer:  Name:	account holder:														1 - I
Address of Applicant:  Signature of Applicant:  We do hereby verify the above particulars and signature of our above a  Particulars of Bank Manager / Authorized Officer:  Name:	account holder											_			
Signature of Applicant:  We do hereby verify the above particulars and signature of our above a  Particulars of Bank Manager / Authorized Officer:  Name:	account holder:														
We do hereby verify the above particulars and signature of our above a  Particulars of Bank Manager / Authorized Officer:  Name:	account holder:														
Particulars of Bank Manager / Authorized Officer:  Name:	account notices														
Name:															
		Contact 1	No(s).												
E-IIIdii.		Signature		ıbbar C	tomn:										
G. AUTHORIZATION UNDER SECTIONS 12 AND 24 OF THE	CDC + CT FI					FENE	OF I	IDEE	NY N/Y	10.7	D + DF	10			
a. For the settlement of any underlying market transactions b. For pledge securities transactions with any Stock Exchan the Clearing Company from time to time; c. For the recovery of payment against any underlying mark d. Movement by me/us from time to time of my/our Book-sub-Account under another Main Account under the corparticipant or to my/our Investor Account; e. Securities transactions which has been made by way of a from time to time; f. Securities transactions pertaining to any lending or borroug. For the recovery of any charges or losses against any or a h. Delivery Transaction made by me/us for any other purpos Specific authority on each occasion shall be given by me/us to the Partunder the applicable laws and regulations.  Note: Please note that above shall serve as a one-time fixed authorizat entered in his/her/their Sub-Account maintained with the Participant. I	(trades) including or a Clearing tet purchase transported the Partial of the Partial of the Partial of the above sees as prescribed ticipant for handling of Bo	ng off market ge Company i nsactions mad from my/out ticipant or to ies by me/us ies made by m transactions of d by the Com dling of Book	t transa relating de by r r Sub-2 my/ou to my/ou to my/ou	g to any me/us fi and Account rr Sub- our Far out by on from Securi	made ly of my of m	bby me/ y/our u me to ti me to ti fember ime in s or ser to time.	us from the state of the state	m time ccoun Main Main her pe lance vavailed med b	e to tir anarket at undo Acco ersons with tl d; and	ne; trans er the unt v in ac creation of the in ac in ac creation of the in ac	e contro which is ecordan OC Reg	(tra	the Pa der the vith the tons;	be sett  tricipan contro  CDC  s as per	t to my/o l of anoth Regulatio mitted older(s) ar
the undersigned Sub-Account Holder(s) in favour of the Participant. For the obtained on non-judicial stamp paper.  Signatures:  Main Applicant  Joint Applicant 1	or handling of				h Rs. 5		0/- and	abov			e menti	ione			



#### IMPORTANT

Please read and understand the Terms and Conditions before signing and executing this form

#### TERMS AND CONDITIONS

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 constitutes 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 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 acknowledgement receipt is provided to the Sub-Account Holder.

Signatures:

Main Applicant	Joint Applicant 1	Joint Applicant 2	Joint Applicant 3	Participant



# 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, officers 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 <a href="www.cdcaccess.com.pk">www.cdcaccess.com.pk</a> which shall be deemed to have been read and agreed to by the Users before signing this form.

Name of Applicant:				Date: Place:						Signatur	e:																		
Name of Joint Applicant No 1:				Date: Place:						Signatur	·e:																		
Name of Joint Applicant No 2:						Date: Place:						Signature:										Signature:							
Name of Joint Applicant No 3:				Date: Place:						Signatur	·e:																		
For and on behalf of (In case if signed by the Attorney on behalf I/we hereby agree to admit the Applicant respect of opening, maintenance and open	(s) as the Sub-Accou	ınt Holde	r(s) in term	ns of the	above '	Terms and	l Conditi	ons as a	mended f	rom time	e to time	and shall	abide by	the same	in														
Name of Participant:						Date:																							
Participant's Seal & Signature:																													
Witnesses:																													
1. Name:																													
Signature:	CNIC No:						-							-															
2. Name:																													
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 foreigner, duly consularized copy of Power of Attorney by the Consul General of Pakistan having jurisdiction over the Applicant(s) should be submitted.



4.

H. FOR THE USE OF PARTICIPANT ONLY												
Particulars of Sub-Account Opening Form	Particulars of Sub-Account Opening Form verified by :											
		Stamp	:									
Application: Approve	ed Rejected	Signature: (Authorized signatory)  Date:										
Sub-Account no. issued:												
Account opened by:												
Saved by:		Posted	Posted by:									
Signature:	Date:	Signat	ure:	:								
Remarks: (if any)												
	ACKNOW	LEDGE	MENT RECEIPT									
Application No:		Date of receipt:										
I/We hereby confirm and acknowledge the	receipt of duly filled and signed Sub-Acco	ount Open	ing Form from the following Applicant:									
[Insert Name of Applicant(s)]			Participant's Seal & Signature:									
1.												
2.												
3.												