



## **ELEVEN STARS SECURITIES (PRIVATE) LIMITED**

**Corporate Member: Karachi Stock Exchange (Guarantee) Ltd.**



## **ACCOUNT OPENING FORM**

**Broker Registration No. BRK-080**

**NOTE:**

1. Each and every column must be filled in block letters.
2. Columns which are not applicable should be marked "NA" also initialed.
3. Each page of this form will be duly signed by the Account Holder (s) and the Broker.

**For Individual Account Holder****Client A/C No.****CDC Sub A/C No.**

Name / Title of Account:
Father's / Husband Name:
Date of Birth:
Nationality:
Permanent Address:
Mailling Address:
CNIC # In case of Non-Resident, Please provide Passport Copy and Number.
NTN # (Optional)

Office Tel #:
Office Tel #:
Home Tel #:
Mobile #:
Fax #:
E-mail:
Gender: Male / Female:
Status: Resident / Non - Resident

**For Joint Account Holder**

Name / Title of Account:
Father's / Husband Name:
Date of Birth:
Nationality:
Permanent Address:
Mailling Address:
CNIC # In case of Non-Resident, Please provide Passport Copy and Number.
NTN # (Optional)

Office Tel #:
Office Tel #:
Home Tel #:
Mobile #:
Fax #:
E-mail:
Gender: Male / Female:
Status: Resident / Non - Resident

**Nominee Details**

In the event of death of the Account Holder, the Nominee shall be entitled to receive securities/cash available in the account of the Account Holder after set-off against losses and liabilities in the account. In case of Joint Account, the survivor shall be entitled to receive securities/cash available in the account of the Account Holders, after set off /adjustment against losses and liabilities in the account.

Name of Nominee:	Father's / Husband Name:
CNIC #:	Date of Birth:
Postal Address:	
E-mail:	Tel # :

Account Holder (s): \_\_\_\_\_

Broker: \_\_\_\_\_



**Name of Person(s) Authorized to operate and settle the Account**

Name(s):	Specimen Signature:	Signly/jointy:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

  

Address:	CNIC#:	Phone:	E-Mail:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Draft Power of Attorney - Annexury "A" is eqwired for the above, in case the authorized person(s) is other the Account Holder.

**For Companies/Firms and Others Only**

Title of Account: \_\_\_\_\_

Registered Office Address: \_\_\_\_\_

Company / Firm Registration No.: \_\_\_\_\_ STATUS: Resident: \_\_\_\_\_ Non Resident: \_\_\_\_\_

Draft Board Resolution/ Partnership Deed, dated \_\_\_\_\_ attcahed as Annexure "B".

**Declaration Of Solvency**

The company i.e.(The Account Holder) Hereby declares that:

- a) it has not applued to be adjudicated as an insolvent and that it has not suspended payment and that it has not compounded with its creditors,
- b) it is not un-discharged insolent; and
- c) it has not been declared defaulter in repayment of loan(s) of a bank / financial institute.

**Share Holder's Category (for Companies Only)**

Charitable Trust <input type="checkbox"/>	Corporate Societies <input type="checkbox"/>	Financial Institution <input type="checkbox"/>
Insurance Company <input type="checkbox"/>	Investment Company <input type="checkbox"/>	Joint Stock Company <input type="checkbox"/>
Leasing Company <input type="checkbox"/>	Modarabas <input type="checkbox"/>	Modaraba Mgmt.Co. <input type="checkbox"/>
Other (pls specify) <input type="checkbox"/>		

  

Residential Status:	Resident Pakistani <input type="checkbox"/>	Non Resident Pakistani (NR) <input type="checkbox"/>
	Foriegner Resident (R) <input type="checkbox"/>	Foriegner Non Resident (NR) <input type="checkbox"/>

**Details Of Contact Person**

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_



**Name of Authorized Persons to Operate the Account**

The Account shall be operated by the following:

NAMES	DESIGNATION	SINGLY / JOINTLY	SPECIMEN SIGNATURE	OTHER INSTRUCTIONS
(a) _____	_____	_____	_____	_____
(b) _____	_____	_____	_____	_____
(c) _____	_____	_____	_____	_____
(d) _____	_____	_____	_____	_____
(e) _____	_____	_____	_____	_____

The authority of the person (s) authorized to operate the account will be clearly spelled out in the letter of authorization/ Board Resolution from the Account Holder.

**Margin Deposit**

The Account Holder(s) hereby undertakes to deposit and maintain 25% margin against his / her / their outstanding trades / exposures for the purpose of trading in his/her/their account. The Account Holder(s) shall be responsible to ensure that the Margin shall be either in cash or in securities approved by the broker for the purpose of margin deposit and which are in a state and form whereby they can be marketed, delivered and transferred. The shares deposited as margin shall be subject to Hair Cut as stipulated in the prevailing Regulations of Karachi Stock Exchange (Guarantee) Ltd. The Account Holder(s) undertake(s) to comply with the directions of the broker for regularization of any defect, mistake, discrepancy of any matter in respect of the Securities deposited as Margin. The Broker shall notify the Account Holder(s) about any change in the above Margin requirements for the already executed trades and/or for future trades at least 3 (three) days prior to the implementation of the revised margin requirement. This is without prejudice to the Broker's right to call additional cash or Securities as Margin within one-business day and to liquidate the Account Holder(s) outstanding positions as mentioned in Clauses 6 and 8 of the Special Terms and Conditions appended herein below.

**Instructions to Broker (Please strike out whichever is not applicable)****Options for Verbal Instructions**

Clause 3 of the special terms and conditions reproduced herein: The Broker shall be authorized to act on the verbal instructions of the Account Holder(s). The Broker shall provide a written confirmation of the executed transactions as required under Rule 4(4) of the Securities & Exchange Rules, 1971, and all such transactions recorded by the Broker 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.

**Option for Written Instructions**

Clause 3 of the special terms and conditions reproduced herein: The Account Holder(s) may also give written instructions for the sale of securities to the Broker. The Broker shall provide a written confirmation of the executed transactions as required under Rule 4(4) of the Securities & Exchange Rules, 1971, and all such transactions recorded by the Broker 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

Signature(s) of Account Holder: \_\_\_\_\_

Signature(s) of Account Holder: \_\_\_\_\_

**Confirmation of Trade and Delivery of Mail**

Confirmations of trades and other correspondence may please be sent to:

Office address via postal mail / courier Residential address via postal mail / courier 

Fax No: \_\_\_\_\_ E-mail to \_\_\_\_\_

Account Holder(s): \_\_\_\_\_

Broker: \_\_\_\_\_



**Additional Information to be provided by Account Holder - Optional**

BANK DETAILS		ACCOUNT WITH OTHER BROKERS		
Name & Address of Bank(s)	Saving/Current Account #	Name of Broker(s)	Member Exchange	Client ID/Account

**Special Terms and Conditions**

The terms and conditions set herein below shall be equally binding on the Broker and the Account Holder(s).

1. All transactions of Securities between the parties shall be subject to the Articles, Rules and Regulations of the relevant Exchange, revised policies, Board Directions and new regulations to be framed in pursuance of Section 34 of the Securities & Exchange Ordinance, 1969. Moreover, all applicable provisions of the Securities & Exchange Ordinance, 1969 read with the Securities & 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.
2. The amount deposited as security margin by the Account Holder(s) with the Broker 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 Broker shall not use such amounts for his own use, subject to Clause 6 hereafter.
3. (i) The Broker shall be authorized to act on the verbal instructions of the Account Holder(s). The Broker shall provide a written confirmation of the executed transactions as required under Rule 4(4) of the Securities & Exchange Rules, 1971, and all such transactions recorded by the Broker 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) May also give written instructions for the sale of securities to the Broker. The Broker shall provide a written confirmation of the executed transactions as required under Rule 4(4) of the securities & Exchange Rules, 1971, and all such transactions recorded by the Broker 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 Broker shall provide the confirmation of the executed transaction to the Account Holder at the above stated address by means of acceptable mode of communication of by hand subject to acknowledgment receipt as noted in Clause 16, within twenty four (24) hours of the executed of the order.
5. In case there are any error(s) in the daily confirmation statement, the Account Holder(s) shall report the same to the Broker 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), the Broker shall have absolute discretion to and, without any further notice to Account Holder(s), liquidate the Account Holder(s) outstanding positions, including the Securities purchased and carried in such Account at the sole risk and responsibility of the Account Holder(s) without incurring any liability against the Broker arising out of such action, so that the margin is maintained at the required level, or the losses suffered by the Broker, can be recovered.
7. The Broker 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 the manner indicted in Clause 8 hereafter. In case of companies which are not on the CDS, the Broker 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 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, and adjustment of any legitimate claims of the Broker)
8. (I) The Broker shall be entitled to insist upon any particular method of payment, which may even include cash (in case of amounts not exceeding Rs. 50,000/- or by "A/c Payee Only" crossed cheque, demand draft, State Bank of Pakistan's cheque or Manager's Cheque, (in case of amounts in excess of Rs.50,000/-). 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 Broker 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 payment is for margin of the purchase of Securities.

Account Holder(s): \_\_\_\_\_

Broker: \_\_\_\_\_





9. (ii) The Account Holder(s) shall pay to the Broker for all purchases removal of the last working session of the clearing of the relevant Exchange, all amounts due in respect of Securities that have been purchased of transactions carried out by the Broker on the instructions of the Account Holder(s), whether or not the Account Holder(s) has/have received Invoice/Bills in respect thereof. For the purpose of this Clause, a Certificate by the Broker that a particular amount is due in this regard, shall be the conclusive proof thereof and shall be binding upon and not called in question by the Account Holder(s).
10. (lii) In case of any amount due from the Account Holder(s), as may be certified by the Broker in respect of Securities purchased on account of the Account Holder(s), has not been paid by the Account Holder(s) within the period specified in Clause 8(i) above, the Broker shall have the right to settle the outstanding amounts out of any money(ies) or margin of the Account Holder(s) lying with the Broker or from any money(ies) realized from the sale of Securities or any other property held by the Broker as margin or security and the Broker shall have an unfettered right and power to sell, transfer and dispose off such assets and/or the margin or securities the Broker may deem fit.
11. (iv) In case of sale contract, the Account Holder(s) shall, before the start of the last working session of the clearing of the relevant Exchange, deposit with the Broker the Securities which he/she/ they/it has/have instructed the Broker to sell. The Account Holder(s) shall be responsible to ensure that such Securities are in a state and form whereby they can be marketed, delivered and transferred. The Account Holder(s) also undertake(s) to comply with the directions of the Broker for regularization of any defect, mistake, discrepancy or irregularity or any such matter in respect thereof.
12. (v) Without prejudice to the Broker's rights, remedies and recourses mentioned in any of the preceding Clauses, in the event of the Account Holder(s) failure to make the payment against a purchase contract as mentioned in Clauses 8(i) and 8(ii) above, or to deliver or deposit the Securities against a sale contract, as mentioned in Clause 8(iii) above, and/or to deposit and maintain the margin as mentioned in the Margin Deposit condition mentioned above in this Form, the Broker shall have the right to square up and liquidate the Account Holder(s)' outstanding position(s) and recover all outstanding due from the Account Holder(s), including losses damages, costs and expenses which the Broker may suffer or sustain out of any Margin or Securities or collaterals that may be held by the Broker at the relevant time. The Account Holder(s) shall continue to be liable for any shortfall.
13. The Account Holder(s) shall have a right to obtain a copy of his/her/their ledger statement under official seal and signature of the Broker or his authorized representative on monthly basis and otherwise as and when required by the Account Holder(s)' at a reasonable cost to the Account Holder(s). In case of any discrepancy in the ledger statement, the Account Holder(s) shall inform the Broker within 1 (one) day of receipt of the ledger statement.
14. The Account Holder (s) shall operate the account and execute transactions himself / herself / themselves unless the Account Holder(s) authorize Mr./Ms./\_\_\_\_\_ I.D. Card No. \_\_\_\_\_ (Authorized Person) to transact in the account in which event the transactions shall be executed by the Authorized Person on behalf of the Account Holder(s). All transactions executed by the Authorized Person shall be binding upon the Account Holder(s).
15. **For Joint Account Holder(s) only:**
- We, the Account Holders 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 Broker in respect of the joint titled account,
- Or
16. 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 thereto.
17. The Broker 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 opening form and the list will be provided to the Account Holder(s). Any change therein shall be intimated in writing to the Account Holder(s) with immediate effect. The Account Holder(s) shall not deal with any person at the Broker's Office, except with the Broker's authorized agents/traders and designated employees. The Broker shall not be responsible for any dealings between the Account Holder(s) and any unauthorized person.
18. The Broker 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. The Account Holder(s) agree(s) to pay such commission at such rates and on such basis as the Broker may from time to time advise to the Account Holder(s), either verbally or in writing, in accordance with prescribed rates stipulated by the relevant Exchange or at such rates as the Broker May decide within the limits stipulated by the relevant Exchange. Besides, the Broker is also authorized to collect any levies, charges, taxes, rates, duties, including central excise duties, sales tax, etc. on each transaction as may be levied by the Federal, Provincial or Local Government(s). the Commission, the Exchanges and/or the CDC. In case any withholding tax is applicable on payments to be made to the Account Holder(s), the same shall be withheld in accordance with the pertinent laws, rules and regulations.
19. The Broker shall not disclose the information of the transactions of the Account Holder(s) to any third party and shall maintain the confidentiality of this information. However, in case any appropriate Court, Tribunal, Exchange, the Commission, the State Bank, the Investigating Agencies (such as NAB, FIA, ANF, etc.) or the Federal or Provincial or Local Government(s) as the case may be, in exercise of its/their powers under the law require(s) any such information, the Broker shall be obliged to disclose the same for which the Account Holder(s) shall not raise any objection whatsoever.

Account Holder(s): \_\_\_\_\_

Broker: \_\_\_\_\_





19. In case, a Broker converts his individual membership rights to corporate membership and vice versa, or in case of merger of the Broker's corporate membership with another entity, the agreement and conditions laid down herein above shall remain effective, unless otherwise mutually agreed by the parties
20. Acceptable mode of communication between the Account Holder(s) and the Broker shall be through letter (courier/registered post/fax/E-mail) or by hand subject to receipt/acknowledgement, as per the medium chosen by the Account Holder(s) in the title page of this Account Opening Form. The onus of proving that the e-mail has been received by the recipient shall be on the sender sending the mail. The Broker may, however, at its discretion, insist upon a particular mode of receiving instructions from the Client in one of the above mentioned modes of communication and shall be further at a liberty to record, tape or in any other manner store such instructions. Any voice recording made by the Broker shall constitute evidence of the communication so recorded for such instructions.
21. 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. The Account Holder(s) further undertake(s) to promptly notify the Broker in writing of any change in the List of Authorized Person(s), as set out in this Account Opening Form. No change thereto shall be effective and the Broker shall be entitled to rely on the information pertaining to the Authorized Person(s) and the particulars, as recorded with the Broker without incurring any liability for doing so, until such time that the Broker is so notified in writing along with the credentials and specimen signature(s) of the replacement Authorized Person(s).
22. The Account can be closed by either party upon given the other party 15 (fifteen) days prior written notice to the other. Upon service of such notice, no further transactions of Securities will be executed by the Broker on Account of the Account Holder(s), except that all pending orders shall be executed and all settlement shall be made on the effective date of such termination. This is without prejudice to the right of the Broker to close the Account and to square of the Account Holder(s)' position and recover all outstanding, dues losses, etc. without any prior notice in event of non-payment or breach of any of the terms and conditions of this Agreement by the Account Holder(s). The Account Holder(s) shall continue to be liable for any shortfall.
23. 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 annexure 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.
24. 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 confirmation shall be accepted as concluded final price and shall be binding upon the Account Holder(s) and the Broker
25. I / We, the Account Holder(s) further confirm that all information given in this application is true and complete and hereby authorize the Broker to verify any information mentioned above from any sources deemed appropriate by the Broker.

I / We hereby accept that the Sub Account shall be governed by the provisions of the Central Depositories Act, 1997, and the Central Depository Company of Pakistan Limited Regulations in force from time to time.

#### **CDC Terms and Conditions**

1. I / We hereby irrevocably and unconditionally authorize Eleven Stars Securities (Pvt) Limited (Eleven Stars Securities (Pvt) Limited) to handle / move my / our Securities (as defined in the attached Special Terms and Conditions) held in my / our Sub Account maintained with it from time to time for Settlement purposes and to
2. apply the net proceeds there of towards the adjustment of my / our outstanding that may be due from me / us, including against all my / our losses

#### **Special Clause**

3. I / We further hereby unconditionally and irrevocably authorize Eleven Stars Securities (Pvt) Limited to handle / move my / our Book Entry Security to its house account or any Sub Account maintained with it from time to time and / or to pledge my / our Book Entry Securities in-favour of any Eligible pledgee(s), including Karachi Stock Exchange (Guarantee) Ltd. / Lahore Stock Exchange (Guarantee) Ltd. / Islamabad Stock Exchange (Guarantee) Ltd.

#### **Signature of Account Holder or Company's / Firm's Authorized Agent**

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

Signature: \_\_\_\_\_

#### **For Joint Account Holder**

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

Signature: \_\_\_\_\_

Account Holder(s): \_\_\_\_\_

Broker: \_\_\_\_\_





4. Pledge over Book Entry Securities entered in the Sub Account should be made in accordance with Section 12 of the Central Depositories Act, 1997 and Central Depository Company of Pakistan Limited Regulations.
5. I / We hereby authorize Eleven Stars Securities (Pvt) Limited to maintain my/ our account in their books or in any other system established for all transactions of sales and purchases of "Securities" (as defined in the attached Terms and Conditions).
6. The foregoing conditions constitute my / our irrevocable authorization to Eleven Stars Securities (Pvt) Limited for the purposes of Section 24 of the Central Depositories Act, 1997 and the Central Depository Company of Pakistan Limited Regulations.
7. The instructions here shall be deemed to be valid from the date of opening of sub-account.
8. I / We hereby accept unconditionally, the Special Terms and Conditions (attached herewith) for the sale and purchase of Securities and for maintaining my / our account. I / We also hereby accept unconditionally, the General Terms and Conditions Governing Securities Custodial Services. Both the Terms and Conditions have been read, understood and signed by me / us in acceptance thereof. I / We hereby undertake to abide by all the Terms and Conditions and to discharge my / our contractual and legal obligations reflected or envisaged therein whether express or implied. Signed copy of the Terms and Conditions is annexed to this application and this application together with the signed copies of both the above noted Terms and Conditions and Power of Attorney in favor of Eleven Stars Securities (Pvt) Limited shall constitute a binding legal contract between Eleven Stars Securities (Pvt) Limited and myself/ ourselves upon acceptance by Eleven Stars Securities (Pvt) Limited

**Signature of Account Holder:**

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

Signature \_\_\_\_\_

Dated: \_\_\_\_\_

**For Joint Account Holder:**

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

Signature \_\_\_\_\_

Dated: \_\_\_\_\_

**For and on behalf of Broker:**

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

Signature \_\_\_\_\_

Dated: \_\_\_\_\_

Designation: \_\_\_\_\_

**Witness 1:**

Name \_\_\_\_\_

NIC#: \_\_\_\_\_

Signature: \_\_\_\_\_

**Witness 1:**

Name \_\_\_\_\_

NIC#: \_\_\_\_\_

Signature: \_\_\_\_\_



**CDC ACCOUNT OPENING INFORMATION FOR INDIVIDUALS**

Full Name at Applicant: \_\_\_\_\_ Father's / Husband Name: \_\_\_\_\_  
(Account title as mentioned in Bank A/C)  
Address: \_\_\_\_\_ Phone/ Fax : \_\_\_\_\_  
NIC # (Old) : \_\_\_\_\_ (copy enclosed) NIC # (New) : \_\_\_\_\_ (copy enclosed)

**Zakat Status:** ☐ Yes ☐ No Category: Individual / Joint \_\_\_\_\_ Occupation: \_\_\_\_\_

( Please provide a copy of affidavit in case of NO.)

**Residential Status:** Resident Pakistani ☐ Non Resident Pakistani (R) ☐ Non Resident Pakistani (NR) ☐  
Foreigner Residnet (R) ☐ Foreigner Residnet (NR) ☐ Foreigner Non Residnet (R) ☐ Foreigner Non Residnet (NR) ☐

(where R + Repatriable & NR = Non Repatriable)

**In case of Joint Account**

Name: \_\_\_\_\_ Father's / Husband's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone/Fax \_\_\_\_\_  
NIC # (old) \_\_\_\_\_ (copy enclosed) NIC # (new) \_\_\_\_\_ (copy enclosed)  
Passport No. \_\_\_\_\_ Nationality: \_\_\_\_\_ Issue date: \_\_\_\_\_ Place of Issue: \_\_\_\_\_

(required in case of Non-Resident)

**Dividend Mandate** ☐ Yes ☐ No In case of YES, please provide the following information:

Bank: \_\_\_\_\_ City Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Account No. \_\_\_\_\_

**Successor (if yes then provide)**

Name : \_\_\_\_\_ Father's / Husband's Name: \_\_\_\_\_  
Address : \_\_\_\_\_ Phone/Fax \_\_\_\_\_  
NIC # (old) : \_\_\_\_\_ (copy enclosed) NIC # (new) \_\_\_\_\_ (copy enclosed)  
Passport No: \_\_\_\_\_ Nationality: \_\_\_\_\_ Issue date: \_\_\_\_\_ Place of Issue: \_\_\_\_\_ Relationship: \_\_\_\_\_

**CDC ACCOUNT OPENING INFORMATION FOR CORPORATES / FIRMS**

Full Name at Applicant (Account Title) \_\_\_\_\_  
Address: \_\_\_\_\_ Phone / Fax: \_\_\_\_\_

**Share Holder's Category:**

Charitable Trust ☐ Corporate Societies ☐ Financial Institution ☐ Insurance Comapnay ☐ Investment Co. ☐  
Joint Stock Co. ☐ Leasing Co. ☐ Modarabas ☐ Modaraba Management Co. ☐ Others. ☐  
(Please Specify)

**Dividend Mandate:** ☐ Yes ☐ No In case of YES, please provide the following information:

Bank: \_\_\_\_\_ City Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Account No. \_\_\_\_\_  
NTN # : (Optional)

**Residential Status:** Resident Pakistani ☐ Non Resident Pakistani (R) ☐ Non Resident Pakistani (NR) ☐  
Foreigner Resident (R) ☐ Foreigner Resident (NR) ☐ Foreigner Non Residnet (R) ☐ Foreigner Non Residnet (NR) ☐

(Where R = Repatriate & NR = Non Repatriable)

**Details of contact Person:**

Name : \_\_\_\_\_ Designation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

If the company has already a CDC account then please provide CDC Account No. With full details \_\_\_\_\_

Please provide remarks if he number is not given \_\_\_\_\_




**AUTHORIZED PERSON (applicable for both Individuals and Companies / Firms)**

	NAMES	DESIGNATION / RELATIONSHIP	SINGLY / JOINTLY	OTHERS
Signatory (ies) to give instruction to the Eleven Stars Securities pertaining to the operations to the Sub-Account.	(a) _____	_____	_____	_____
	(b) _____	_____	_____	_____
	(c) _____	_____	_____	_____
	(d) _____	_____	_____	_____
	(e) _____	_____	_____	_____

1.1 / We hereby accept that the Sub Account shall be governed by the provisions of the Central Depositories Act, 1997, and the Central Depository Company of Pakistan Limited Regulations in force from time to time.

2.1 / We hereby irrevocably and unconditionally authorize Eleven Stars Securities (Pvt) Limited (Eleven Stars Securities to handle / move my / our Securities (as defined in the attached Special Terms and Conditions) held in my / our Sub Account maintain with it from time to time for Settlement purposes and to apply the net proceeds there of towards the adjustment of my / our outstanding that may be due from me / us, including against all my / our losses.

3.1 / We further hereby unconditionally and irrevocably authorize Eleven Stars Securities to handle / move my / our Book Entry Securities to its house account and/or to pledge my/our Book Entry Securities in favour of any Eligible Pledgee(s), including Karachi Stock Exchange (Guarantee) Ltd. / Lahore Stock Exchange (Guarantee) Ltd. / Islamabad Stock Exchange (Guarantee) Ltd.

4. Pledge over Book Entry Securities entered in the Sub-Account should be made in accordance with Section 12 of the Central Depositories Act, 1997 and Central Depository Company of Pakistan Limited Regulations.

5.1 / We hereby authorize Eleven Stars Securities to maintain my / our account in their books or in any other system established for all transactions of sales and purchase of "Securities" (as defined in the attached Terms and Conditions).

6. The foregoing conditions constitute my / our irrevocable authorization to Eleven Stars Securities for the purposes of Section 24 of the Central Depositories Act, 1997 and the Central Depository Company of Pakistan Limited Regulations. The instructions here shall be deemed to be valid from the date of opening of sub-account.

7.1 / We hereby accept unconditionally, the Special Terms and Conditions (attached herewith) for the sale and purchase of Securities and for maintaining my / our account. I / We also hereby accept unconditionally, the General Terms and Conditions Governing Securities Custodial Services. Both the Terms and Conditions have been read understood and signed by me / us in acceptance thereof. I / We hereby undertake to abide by all the Terms and Conditions and to discharge my / our contractual and legal obligations reflected or envisaged therein whether express or implied. Signed copy of the Terms and Conditions is annexed to this application and this application together with the signed copies of both the above noted Terms and Conditions and Power of Attorney in favor of Eleven Stars Securities shall constitute a binding legal contract between Eleven Stars Securities and myself / ourselves upon acceptance by Eleven Stars Securities.

**I / We certify that the above noted information is correct and sign in acceptance of the above:**

Signature of Account Holder

1. Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

2. Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ (in case of joint account)

Witness 1:

Witness 2:

Name \_\_\_\_\_

Name \_\_\_\_\_

NIC# \_\_\_\_\_

NIC# \_\_\_\_\_

**For and on behalf of Broker:**

Name and Designation: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use Only**

Dealer Name

Signature

Date

Client Code

Authorized Person

Authorized Signature

Date

Entered by

Date



Annexure "A"

**ELEVEN STARS SECURITIES (PVT) LIMITED**

121 - 122 Karachi Stock Exchange Bldg, 3rd Floor,  
Stock Exchange Road, Karachi-74000, Pakistan.

**POWER OF ATTORNEY**

Dear Sir,

This is with reference to Clause (10) and in case of Joint Account clause (11) of Account Opening Form.

I / We the Account Holder(s) by way of this letter hereby authorize Mr. / Miss / Mrs. \_\_\_\_\_ (Authorized Person)  
having NIC number \_\_\_\_\_ s/o / d/o / w/o Mr. \_\_\_\_\_ To transact in the  
account on my / our behalf.

I / We confirm that all transactions executed by the above e-mentioned Authorized Person shall not be questioned / disputed by me and shall be  
binding in all respect upon the Account Holder(s).

I / We undertake that in the event of termination/withdrawal of this authority, the ESSL (Broker) shall be notified immediately and promptly in  
writing. However all the transaction executed before the delivery of said notice to the broker shall be binding on Account Holders in all respects.

Specimen Signature of Authorized Person: \_\_\_\_\_

**Signature of Account Holder:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

**For Joint Account Holder:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

**Witness 1:**

**Witness 2:**

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

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

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

NIC #: \_\_\_\_\_

NIC #: \_\_\_\_\_





**RESOLUTION UNDER ARTICLE \_\_\_\_\_ OF THE MEMORANDUM AND ARTICLES  
OF ASSOCIATION OF \_\_\_\_\_ LIMITED PASSED ON**

RESOLVED that an application be made on behalf of \_\_\_\_\_ Limited ( the Company) to Eleven Stars Securities (Pvt.) Limited (broker) for opening an Account and for the afore-said purpose the account opening form including Terms and Conditions as set out herein be executed on behalf of \_\_\_\_\_ Limited.

FURTHER Resolved that Mr. \_\_\_\_\_ (insert designation) of the Company and Mr. \_\_\_\_\_ (Insert designation) of the company be and are hereby authorized and empowered jointly for and on behalf of \_\_\_\_\_ Limited to sign and execute and deliver this Account Opening form and Terms and Conditions and Others documents in connection therewith, and to do any other act, deed or thing for and on behalf of \_\_\_\_\_ Limited in respect of the Company's application for opening an Account.

RESOLVED further that Mr. \_\_\_\_\_ and Mr. \_\_\_\_\_ (insert designations) of the Company (the "authorized officers") be and are hereby authorized and empowered jointly to represent to the broker on all matters pertaining to the maintenance and operation of the Account, to deal, liaise and correspond with broker and give instructions to fulfill all the responsibilities and obligations to broker under the law, Rules and Regulations and the Terms and Conditions in relation to the account from time to time, and to deal with other incidental and ancillary acts, things and deeds.

\_\_\_\_\_  
**Signature of Directors**

\_\_\_\_\_  
**Certified by Company Secretary**



**For internal use of Eleven Stars Securities (Pvt.) Limited, \_\_\_\_\_**

Title of Account: \_\_\_\_\_ A/c No.: \_\_\_\_\_ Authorized Person: \_\_\_\_\_

Reference: \_\_\_\_\_ Commission Slab: \_\_\_\_\_

**Documents Checklist.**

*Please tick*

1. Notarized copy (ies) of CNIC of Account holder(s), Nominee and Authorized Person. \_\_\_\_\_ ☐
2. Authority Letter/ Power of Attorney, where Required. \_\_\_\_\_ ☐
3. A.O.F fully completed and signed. Stamped also where necessary. \_\_\_\_\_ ☐
4. Attested Passport Copy (ies) where necessary \_\_\_\_\_ ☐
5. CZ-50 of Account Holder(s) \_\_\_\_\_ ☐
6. Certified Board Resolution, where required \_\_\_\_\_ ☐
7. List of authorized person(s), where required \_\_\_\_\_ ☐
8. Attested Copies of Articles & Memorandum or Trust deed, where required. \_\_\_\_\_ ☐
9. CDC Account: \_\_\_\_\_ Sub A/c: ☐ Investor A/c: ☐

**Margin Details at the time of Account Opening \_\_\_\_\_**

1. PKRS. \_\_\_\_\_ vide Cheque / P.O / DD / TT #: \_\_\_\_\_ dated: \_\_\_\_\_ (Please attached copy of instrument)

**2. Detail of Shares transferred.**

STOCK	QUANTITY	TRANSFEROR
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Remarks (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sales Person: \_\_\_\_\_ Head of Sales: \_\_\_\_\_ Head of Operations: \_\_\_\_\_

Approved/ Not Approved to be signed by C.E.O / G.M. Equities.

Chief Executive / G.M. Equities: \_\_\_\_\_





**ELEVEN STARS SECURITIES (PVT) LIMITED**

121 - 122 Karachi Stock Exchange Bldg, 3rd Floor, Stock Exchange Road, Karachi-74000, Pakistan.  
Tel : (92-21) 2410240, 2419627, 2429149, Fax : (92-21) 2428776



## **ELEVEN STARS SECURITIES (PRIVATE) LIMITED**

**Corporate Member: Karachi Stock Exchange (Guarantee) Ltd.**



### **SUB-ACCOUNT OPENING FORM FOR INDIVIDUALS**



## **ELEVEN STARS SECURITIES (PVT) LIMITED**

**Broker Registration No. BRK-080**

121 - 122 Karachi Stock Exchange Building, 3rd Floor, Stock Exchange Road, Karachi-74000, Pakistan.

Tel : (92-21) 32410240, 32419627, 32429149, Fax : (92-21) 32428776

E-mail : [elevenstars132@yahoo.com](mailto:elevenstars132@yahoo.com)





# ELEVEN STARS SECURITIES (PRIVATE) LIMITED

Corporate Member: Karachi Stock Exchange (Guarantee) Ltd.

121-122, Karachi Stock Exchange Building, 3rd Floor, Stock Exchange Road, Karachi-74000, Pakistan.

Tel : (92-21) 32410240, 32419627, 32429149, Fax : (92-21) 32428776

E-mail : elevenstars132@yahoo.com

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)

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

(Please use BLOCK LETTERS to fill the form)

I/We hereby apply for opening of my/our Sub-Account under the Account Family of Eleven Stars 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:

<b>A. REGISTRATION (AND OTHER) DETAILS OF MAIN APPLICANT</b>											
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: (Address should be different from Participant's address)											
(b) Mailing Address:											
(c) Contact No:				(d) Fax: (optional)				(d) Email: (optional)			
4. Computerized National Identity Card No: (For resident Pakistani)											
5. Expiry date of CNIC:											
6. NICOP No: (For non-resident Pakistani)											
7. Expiry date of NICOP:											
8. Passport details: (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: (optional)			
10. Share holder's Category: <b>INDIVIDUAL</b>											
11. (a) Occupation: [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

Participant



B. REGISTRATION (AND OTHER) DETAILS OF THE JOINT APPLICANT(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: (Address should be different from Participant's address)																	
4. (a) Contact No:					(b) Fax: (optional)					(c) Email: (optional)							
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:																	
9. Passport details: (For a Foreigner or a Pakistani origin)					Passport Number:					Place of Issue:							
					Date of Issue:					Date of Expiry:							
10. (a) Occupation: [ Please tick(✓) the appropriate box]					<input type="checkbox"/> AGRICULTURIST		<input type="checkbox"/> BUSINESS		<input type="checkbox"/> HOUSEWIFE				<input type="checkbox"/> HOUSEHOLD				
					<input type="checkbox"/> RETIRED PERSON		<input type="checkbox"/> STUDENT		<input type="checkbox"/> BUSINESS EXEC.				<input type="checkbox"/> INDUSTRIALIST				
					<input type="checkbox"/> PROFESSIONAL		<input type="checkbox"/> SERVICE		<input type="checkbox"/> 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: (Address should be different from Participant's address)																	
4. (a) Contact No:					(b) Fax: (optional)					(c) Email: (optional)							
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:																	
9. Passport details: (For a Foreigner or a Pakistani origin)					Passport Number:					Place of Issue:							
					Date of Issue:					Date of Expiry:							
10. (a) Occupation: [ Please tick(✓) the appropriate box]					<input type="checkbox"/> AGRICULTURIST		<input type="checkbox"/> BUSINESS		<input type="checkbox"/> HOUSEWIFE				<input type="checkbox"/> HOUSEHOLD				
					<input type="checkbox"/> RETIRED PERSON		<input type="checkbox"/> STUDENT		<input type="checkbox"/> BUSINESS EXEC.				<input type="checkbox"/> INDUSTRIALIST				
					<input type="checkbox"/> PROFESSIONAL		<input type="checkbox"/> SERVICE		<input type="checkbox"/> 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: (Address should be different from Participant's address)																	
4. (a) Contact No:					(b) Fax: (optional)					(c) Email: (optional)							
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:																	
9. Passport details: (For a Foreigner or a Pakistani origin)					Passport Number:					Place of Issue:							
					Date of Issue:					Date of Expiry:							
10. (a) Occupation: [ Please tick(✓) the appropriate box]					<input type="checkbox"/> AGRICULTURIST		<input type="checkbox"/> BUSINESS		<input type="checkbox"/> HOUSEWIFE				<input type="checkbox"/> HOUSEHOLD				
					<input type="checkbox"/> RETIRED PERSON		<input type="checkbox"/> STUDENT		<input type="checkbox"/> BUSINESS EXEC.				<input type="checkbox"/> INDUSTRIALIST				
					<input type="checkbox"/> PROFESSIONAL		<input type="checkbox"/> SERVICE		<input type="checkbox"/> 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

\_\_\_\_\_  
Participant



C. OTHER INFORMATION																																																																																																																																																														
<b>1. Dividend Mandate</b> [Please tick (✓) the appropriate box] <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> If yes, please provide following details:																																																																																																																																																														
(a) Account Title:										(b) Account No:																																																																																																																																																				
(c) Name of Bank:										(d) Branch:																																																																																																																																																				
(e) Address:																																																																																																																																																														
2. National Tax No: (Optional)																																																																																																																																																														
3. Nationality:																																																																																																																																																														
<b>4. Residential Status</b> [Please tick(✓)the appropriate box] <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%;">Resident</th> <th style="width: 15%;">Non-Resident</th> <th style="width: 15%;">Repatriable</th> <th style="width: 15%;">Non-Repatriable</th> </tr> </thead> <tbody> <tr> <td>Pakistani</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Pakistani Origin</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Foreign National</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>																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"/>																																																																																																																												
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<b>5. If you are maintaining any Special Convertible Rupee Account ("SCRA"), please provide details in (a) to (c):</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">(a) SCRA Account No:</td> <td style="width: 50%;">(b) Bank Name:</td> </tr> <tr> <td colspan="2">(c) Branch Details:</td> </tr> </table>															(a) SCRA Account No:	(b) Bank Name:	(c) Branch Details:																																																																																																																																													
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<b>6. Zakat Status:</b> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <p><i>(If, according to the Fiqh of the Applicant(s), Zakat deduction is not applicable, then relevant Declaration on prescribed format shall be submitted with the concerned Issuer and the Participant)</i></p> </div> <div style="width: 35%; border: 1px solid black; padding: 5px;"> Please tick (✓) the appropriate box <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>Muslim Zakat payable</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Muslim Zakat non-payable</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Non-Muslim</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not Applicable</td> </tr> </table> </div> </div>															<input type="checkbox"/>	Muslim Zakat payable	<input type="checkbox"/>	Muslim Zakat non-payable	<input type="checkbox"/>	Non-Muslim	<input type="checkbox"/>	Not Applicable																																																																																																																																								
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<div style="display: flex;"> <div style="width: 25%; padding-right: 10px;"> <b>7. Particulars of nominee</b>  (Optional but if desired, nomination should only be made in case of sole individual and not joint account) </div> <div style="width: 75%;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="10">(a) Name of Nominee:</td> </tr> <tr> <td colspan="10">(b) Father's/Husband's Name:</td> </tr> <tr> <td colspan="10"> (b) Relationship with Main Applicant:  [Please tick (✓) appropriate box] <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Spouse</td> <td>Father</td> <td>Mother</td> <td>Brother</td> <td>Sister</td> <td>Son*</td> <td>Daughter*</td> <td></td> </tr> </table> </td> </tr> <tr> <td colspan="10">(d) Address:</td> </tr> <tr> <td colspan="10">(e) CNIC No: <i>(in case of a resident Pakistani)</i></td> </tr> <tr> <td colspan="10">(f) Expiry date of CNIC:</td> </tr> <tr> <td colspan="10">(g) NICOP No: <i>(in case of a non-resident Pakistani)</i></td> </tr> <tr> <td colspan="10">(h) Expiry date of NICOP:</td> </tr> <tr> <td colspan="10"> (I) Passport details:  <i>(In case of a foreigner or a Pakistani origin)</i> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Passport Number:</td> <td style="width: 50%;"></td> </tr> <tr> <td>Place of Issue:</td> <td></td> </tr> <tr> <td>Date of Issue:</td> <td></td> </tr> <tr> <td>Date of Expiry:</td> <td></td> </tr> </table> </td> </tr> <tr> <td colspan="10">(j) Contact No:</td> </tr> <tr> <td colspan="10">(k) Fax: (optional)</td> </tr> <tr> <td colspan="10">(l) E-mail: (optional)</td> </tr> </table> </div> <div style="width: 25%; padding-left: 10px; font-size: small;"> <p>[ 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.]</p> </div> </div>															(a) Name of Nominee:										(b) Father's/Husband's Name:										(b) Relationship with Main Applicant: [Please tick (✓) appropriate box] <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Spouse</td> <td>Father</td> <td>Mother</td> <td>Brother</td> <td>Sister</td> <td>Son*</td> <td>Daughter*</td> <td></td> </tr> </table>										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spouse	Father	Mother	Brother	Sister	Son*	Daughter*		(d) Address:										(e) CNIC No: <i>(in case of a resident Pakistani)</i>										(f) Expiry date of CNIC:										(g) NICOP No: <i>(in case of a non-resident Pakistani)</i>										(h) Expiry date of NICOP:										(I) Passport details: <i>(In case of a foreigner or a Pakistani origin)</i> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Passport Number:</td> <td style="width: 50%;"></td> </tr> <tr> <td>Place of Issue:</td> <td></td> </tr> <tr> <td>Date of Issue:</td> <td></td> </tr> <tr> <td>Date of Expiry:</td> <td></td> </tr> </table>										Passport Number:		Place of Issue:		Date of Issue:		Date of Expiry:		(j) Contact No:										(k) Fax: (optional)										(l) E-mail: (optional)									
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<b>D. CDC SMS / IVR / WEB SERVICES ("CDC access")</b>																																																																																																																																																														
CDC provides <b>FREE OF COST</b> 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, please sign here:																																																																																																																																																														
2. Do you wish to subscribe to free of cost IVR Service? [Please tick (✓) the appropriate box] <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>																																																																																																																																																														
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(a) Date of Birth ( DD / MM / YYYY )																																																																																																																																																														
(b) Mother's Maiden Name:																																																																																																																																																														
(c) Email Address:																																																																																																																																																														

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

Participant



### E. SUB-ACCOUNT OPERATING INSTRUCTIONS

1. Signatory(ies) to give instruction to the Participant pertaining to the operations of the Sub-Account.  <i>(Please specify sub-account operating instructions in the relevant column along with names and specimen signatures of authorised signatories)</i>	Names of Signatory(ies)		Specimen Signatures	
	(a)			
	(b)			
	(c)			
	(d)			
2. Sub-Account Operating Instructions: [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:

### F. BANK VERIFICATION

The following information is required to be verified by the Bank Manager only where the Main Applicant is maintaining bank account:

**Particulars of Main Applicant:**

Bank Account Title:	CNIC No:							-									-
Bank Account No:																	
Address of Applicant:																	
Signature of Applicant:																	
We do hereby verify the above particulars and signature of our above account holder:																	

**Particulars of Bank Manager / Authorised Offer:**

Name:	Contact No(s):
Email:	Signature & Rubber Stamp:

**G. AUTHORIZATION UNDER SECTION 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. For settlement of any underlying market transactions (trades) made by me/us;
- b. For pledge securities transactions relating to any of my/our underlying market transactions (trades) with any Stock Exchange or a Clearing Company;
- c. For the recovery of payment against any underlying market purchase transactions made by me/us; and/or;
- d. For the recovery of any charges or losses against any or all of the above transactions carried out by me/us or services availed.

Specific authority on each occasion shall be given by me/us to the Participant for handling of Book-entry Securities beneficially owned by me/us for all other purposes as permitted under the applicable laws and regulations.

**Note:** Please note that above shall serve as a one-time fixed authorization to the Participant for handling of Book-entry Securities owned by the undersigned Sub-Account Holder(s) and entered in his/her/their Sub-Account maintained with the Participant. Handling of Book-entry Securities for all other purposes should however require specific authority in writing from the undersigned Sub-Account Holder(s) in favour of the Participant. For handling of Book-entry Securities worth Rs. 500,000/- and above, the above mentioned specific authority shall be obtained on non-judicial stamp paper.

**Signatures:**

**Main Applicant****Joint Applicant 1**

### Joint Applicant 2

**Joint Applicant 3**

### Participant



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 Applicant 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 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 instruction, among other matters, may include closing of Sub-Account.
9. Participant shall send by the 10<sup>th</sup> day of every month 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 month. 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 serving of prior written notice to the Sub-account Holder to clear 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 & 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 other wise, 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 Advisors 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 particulars, 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, regulation etc. of SECP and/or articles, rules regulations of the Stock Exchange 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 offer IVR/Web/SMS (CDS access) facility to the Sub-Account Holder as a mandatory requirement.
22. 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 Applicant****Joint Applicant 1**

### Joint Applicant 2

### Joint Applicant 3

### Participant



# DECLARATION & UNDERTAKING

I/We, the undersigned, hereby declare that:

- I/We am/are not minor(s);
- I/We am/are of sound mind;
- I/We have not applied to be adjudicated as an insolvent and that the I/We have not suspended payment and that I/We have not compounded with my/our creditors;
- I/We am/are not an undischarged insolvent;
- 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;
- I/We, being the Applicant(s), hereby further confirm that all the information contained in this form is true and correct to the of my/our knowledge as on the date of making this application;
- 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
- 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 provisions 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 advance electronics 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.cdaccess.com.pk](http://www.cdaccess.com.pk). Which shall be deemed have been read and agreed to by the Users before signing this form.

Name of Applicant:	Date: Place:	Signature:
Name of Joint Applicant No 1:	Date: Place:	Signature:
Name of Joint Applicant No 2:	Date: Place:	Signature:
Name of Joint Applicant No 3:	Date: Place:	Signature:
<b>For and on behalf of</b> (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.		
Name of Participant:	Date:	
<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:

- Attested copy of CNIC / NICOP / Passport of the Applicants / Joint Applicants / nominee(s) (as the case may be)
- Duly notarized Power of Attorney\* (if applicable)
- Zakat Declaration of the Applicant and the Joint Applicant (if applicable)
- 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.



H. 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)			

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

