

# AM Chaudhry Securities (Pvt.) Limited

Corporate TREC Holder Pakistan Stock Exchange Ltd. Room No. 310, 3<sup>rd</sup> Floor LSE Building Lahore.

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 [AM Chaudhry 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:

A. REGISTRATION (AND OTHER) DETAILS OF MAIN APPLICANT																
1. Full name of Applicant (As per CNIC / N	ICOP / Pa	assport	) MR. /	MRS. /	' MS.											
2. Father's / Husband's Name:																
3. Contact Details of Main Applicant:																
(a) Permanent Address: (Address should be different from Participa	nt's busin	ass add	Iress)													
(Address should be different from 1 articipa	ni s Dusin	iess aaa	uess)													
(b) Mailing Address:																
(c) Contact No:																
<ul><li>Land Line No.:</li><li>Local Mobile No.(*)</li></ul>	Ì,	) Fax: (optional) (e) Email: (*)														
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:																1
8. Passport details: Passport Number:									Place of Issue:							
(For a foreigner or a Pakistani origin)	Da	ate of Is	sue:							Date of	Expiry:					
<b>9. Details of Contact Person:</b> [Note: Contact Where Contact Person is the Main Applicant o (a) to (h) below]																
(a) Name: MR. / MRS. / MS.																
(b) Relationship/ association of the Attorney w	ith the M	ain App	licant:													
(c) Address:																
(d) Computerized National Identity Card No:															-	
(e) Expiry date of CNIC:																
<ul> <li>(f) Contact No:</li> <li>Land Line No.:</li> <li>Local Mobile No.(*)</li> </ul>	(g) F	ax: (opt	ional)						(h)	Email: (*	<sup>-</sup> )					
10. Share holder's Category:				IN	DIV	IDUAI										
	AC	GRICUI	LTURIS	Г		BUSIN	VESS	5		HOUSE	WIFE			HOUSEHOLD		
<b>11. (a) Occupation:</b> [Please tick (✓) the appropriate box]	RE	ETIRED	PERSC	N		STUD	ENT	ЛТ		BUSINESS EXEC.				INDUSTRIALIST		
	PR	PROFESSIONAL				SERV	ICE	CE		OTHERS (specify)						
(b) Name of Employer / Business:	(b) Name of Employer / Business: (c) Job Title / Designation:															
(d) Address of Employer / Business:																

\*At least one field must be mandatorily filled.

Signatures:

Delivery Applicant (Ap per CNIC / NICOP/ Passor) MR. / MRS. / MS.	B. REGISTRATION (AND OTHER) DETA	AILS	OF T	HE JO	DINT A	PPLIC	CANT(S	S)										
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5. Computerized National Identity Card No:																		
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3. Permanent Address: (Address should be different from Participant's business address)         4. (a) Contact No: Land Line No.       Local Mobile No.       (b) Fax: (optional)       (c) Email:         5. Computerized National Identity Card No: (For resident Pakistani)       -       -       -       -         6. Expiry date of CNIC: (For non- resident Pakistani)       -       -       -       -       -       -         7. NICOP No: (For non- resident Pakistani)       -					,													
4. (a) Contact No: Land Line No.       Local Mobile No.       (b) Fax: (optional)       (c) Email:         5. Computerized National Identity Card No: (For resident Pakistani)       - <td></td>																		
S. Computerized National Identity Card No: (For resident Pakistani)       Image: Computerized National Identity Card No: (For resident Pakistani)       Image: Computerized National Identity Card No: (For nesident Pakistani)         6. Expiry date of CNIC:       Image: Computerized National Identity Card No: (For non- resident Pakistani)       Image: Computerized National Identity Card No: (For non- resident Pakistani)       Image: Computerized National Identity Card No: (For non- resident Pakistani)       Image: Computerized National Identity Card No: (For non- resident Pakistani)       Image: Computerized National Identity Card No: (For non- resident Pakistani)       Image: Computerized National Identity Card No: (For non- resident Pakistani)       Image: Computerized National Identity Card No: (For non- resident Pakistani)       Image: Computerized National Identity Card No: (For non- resident Pakistani origin)       Image: Computerized National Identity Card No: (For non- resident Pakistani origin)       Image: Computerized National Identity Card No: (For a Foreigner or a Pakistani origin)       Image: Computerized National Identity Card No: (For a Foreigner or a Pakistani origin)       Image: Computerized National Identity Card Natinge: Natinge: National Identity Card National Identity					,													
(For resident Pakistani)       Image: Constraint of the second seco			Mob	ile No.			(b) Fa	ax: (optio	nal)	1		(c) En	ail:		1	1		
6. Expiry date of CNIC:       - <td></td> <td>):</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td>		):						-								-		
(For non- resident Pakistani)       Pail       Pail       Pail       Pail         8. Expiry date of NICOP:       9. Passport details:       Place of Issue:       <	6. Expiry date of CNIC:																	
8. Expiry date of NICOP:       Passport details:       Place of Issue:       Place of Issue:         9. Passport details:       (For a Foreigner or a Pakistani origin)       Place of Issue:       Date of Expiry:         0. (a) Occupation:       AGRICULTURIST       BUSINESS       HOUSEWIFE       HOUSEHOLD         10. (a) Occupation:       RETIRED PERSON       STUDENT       BUSINESS EXEC.       INDUSTRIALIST         [Please tick (*) the appropriate box]       PROFESSIONAL       SERVICE       OTHERS (specify)       Industrial isomethysis         (b) Name of Employer / Business:       (c) Job Title / Designation:       (c) Job Title / Designation:       Second State       Second State								-								-		
Passport details: (For a Foreigner or a Pakistani origin)       Passport Number:       Place of Issue:         Date of Issue:       Date of Issue:       Date of Expiry:         10. (a) Occupation: [Please tick (✓) the appropriate box]       AGRICULTURIST       BUSINESS       HOUSEWIFE       HOUSEHOLD         10. (a) Occupation: [Please tick (✓) the appropriate box]       RETIRED PERSON       STUDENT       BUSINESS EXEC.       INDUSTRIALIST         (b) Name of Employer / Business:       (c) Job Title / Designation:       (c) Job Title / Designation:       (c) Job Title / Designation:					1	1	-		1	1		I	1	1	1	I	I	
Intersport details       Date of Issue:       Date of Expiry:         Date of Issue:       Date of Issue:       Date of Expiry:         10. (a) Occupation:       RETIRED PERSON       BUSINESS       HOUSEWIFE       HOUSEHOLD         [Please tick (*) the appropriate box]       PROFESSIONAL       SERVICE       OTHERS (specify)       INDUSTRIALIST         (b) Name of Employer / Business:       (c) Job Title / Designation:       (c) Job Title / Designation:       Service       Service					Passno	rt Num	her:				Plac	e of Iss	ue.					
AGRICULTURIST     BUSINESS     HOUSEWIFE     HOUSEHOLD       10. (a) Occupation: [Please tick (*) the appropriate box]     RETIRED PERSON     STUDENT     BUSINESS EXEC.     INDUSTRIALIST       PROFESSIONAL     SERVICE     OTHERS (specify)     Industrial structure     Industrial structure       (b) Name of Employer / Business:     (c) Job Title / Designation:     Industrial structure     Industrial structure	-																	
10. (a) Occupation: [Please tick (*) the appropriate box]       RETIRED PERSON       STUDENT       BUSINESS EXEC.       INDUSTRIALIST         PROFESSIONAL       SERVICE       OTHERS (specify)       Industrial sector se			AG					BUSIN	ESS	·		^			HOUS	EHOLI	)	
[Please tick (*) the appropriate box]     PROFESSIONAL     SERVICE     OTHERS (specify)       (b) Name of Employer / Business:     (c) Job Title / Designation:																		
(b) Name of Employer / Business:     (c) Job Title / Designation:	[Please tick ( $\checkmark$ ) the appropriate box]																	
(d) Address of Employer / Business:	(b) Name of Employer / Business:	l	1															
	(d) Address of Employer / Business:						I											

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

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Participant

C. OTHER INFORMATION																			
1. Dividend Mandate [Please tick ( ) th	ne approp	riate box]			Yes		N	ю	If y	yes, ple	ease pro	ovide	follov	ving de	tails:				
(a) Account Title:									(b)	Accou	unt No:								
(c) Name of Bank:									(d)	Branc	:h:								
(e) Address:																			
2. National Tax No: (Optional)																			
3. Nationality:																			
4. Residential Status [Please tick ( ) the	e appropr	iate box]			R	esident		Non-Resident					Repatri	able	Λ	Von-R	epatria	ıble	
		Pakistani							Г				Г	7			Г	٦	
		Pakistani	Origin											1				-	
		Foreign N	lational						<u>L</u>					1				1	
5. If you are maintaining any Special		(a) SCRA	Account N	lo:		(b) Bank Name:													
Convertible Rupee Account ("SCRA"), provide details in (a) to (c):	please	(c) Brancl	h Details:																
		(0)									Plea	ase tic	·k (♥)	the ap	propr	riate h	ov		
									J N	fuslim	Zakat			the up	propr	inte o	0.4		
6. Zakat Status:											Zakat								
	(If, according to the Fiqh of the Applicant(s), Zakat deduction is not applicable, on prescribed format shall be submitted with the concerned Issuer and the Parti								4	lon-Mu		non-F	Jayaon						
											plicable								
		CN :								iot App	pricable	5							
		ne of Nomin																	
	(b) Fati	ner's/Husbar	nd's Name:				I —	1.	~		Ir				Г	_			
	(c) Rela	ationship wit	th Main Ap	plicant:					Spouse				Fath				Moth		
7. Particulars of nominee (Optional but if desired, nomination should		e tick (✓) ap							Brothe				Siste				Son*		
only be made in case of sole individual and not joint account)								]]]	Daugh	ter*				*	Inclu	uding :	step or	adopt	ed child
	(d) Ad (e) CN				ТТ		Т						1						
[In case of death of Sub-Account Holder: Nomination may be made in		e of a resider	nt Pakistan	i)						-								-	
terms of requirements of Section 80 of the Companies Ordinance, 1984, which	-	iry date of C COP No:	NIC:		_		-							1	1	-	-	-	
inter alia requires that person nominated as aforesaid shall not be a		of a non-re	sident Paki	istani)						-								-	
person other than the following relatives of the Sub-Account Holder,	(h) Exp	h) Expiry date of NICOP:																	
namely: a spouse, father, mother, brother, sister and son or daughter,							Pas	sport	t Num	ber:									
including a step or adopted child.]		port details:			• 、		Pla	Place of Issue:											
	(In case	e of a foreigi	ner or a Pa	kistani orig	in)		Dat	Date of Issue:											
							Dat	ate of Expiry:											
	(j) Con	tact No:					(k)	Fax:	(optio	onal)									
	(l) E-m	ail: (optiona	1)																
D. CDC SMS / IVR/ WEB SERVICES	("CDC a	ccess")																	
CDC provides <u>FREE OF COST</u> services	under CE	DC access wh	hereby sub-	-account hol	lders can	have rea	l time	acce	ss to t	heir ac	count r	elated	d infor	mation	1.				
<ol> <li>SMS or eAlert/eStatement is a ma balance statement will be electron also subscribe to both the services</li> </ol>	nically tra																		
Short Messaging Service (SMS)	)				Mobile	e No.(†)												ed in F	
<i>e</i> Alert / <i>e</i> Statement Service		-1			Email	Address	(†)						or Pa	п B of	tnis F	•orm,	as the	case m	ay be.
1(b). If you have subscribed for eSta eStatement: [Please tick (✓) the a	ppropria	te box]				lonthly			[					Quarte	rly				
2. Do you wish to subscribe to free of co											Ye						No		
3. Do you wish to subscribe to free of co							toot P	0.000	<u> </u>		Ye	s					No		
4. If you are subscribing to IVR and/or	web Ser	vice, piease	provide fo	<u> </u>	ans of yo	our Con	tact P	erso	11:	1									
(a) Date of Birth (DD / MM / YYYY)				/		(c) Ema		tress	(of Co	ontact	Person	as nn	ovided	in Par	t A o	r Part	Boft	nis For	m, as
(b) Mother's Maiden Name:						the case			,		-1501	Pr				- 411	- 51 1		-, -
Signatures.	Signatures:																		

Main	Applicant

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E. SUB-ACCOUNT OPERATING INSTRUCTIONS				
1. Signatory(ies) to give instruction to the		Names of Signatory(ie	s)	Specimen Signatures
Participant pertaining to the operations of the Sub-Account.	(a)			
	(b)			
(Please specify sub- account operating instructions in the relevant column along with names and specimen signatures of	(c)			
authorised signatories)	(d)			
2. Sub-Account Operating Instructions:		Either (Singly) or Survivor		Attorney
[Please (✓) appropriate box]		Jointly [any]		Any other
			Pl	lease specify:
F. BANK VERIFICATION			•	
The following information is required to be verified by the Bank M	Manager o	nly where the Main Applicant	s maintaining ba	ink account:
Particulars of Main Applicant:				
Bank Account Title:	CNIC N	o:	-	-
Bank Account No:				
Address of Applicant:				
Signature of Applicant:				
We do hereby verify the above particulars and signature of our abo	ove accou	nt holder:		
Particulars of Bank Manager / Authorized Officer:				
Name:		Contact No(s):		
E-mail:		Signature & Rubber Stamp:		
<ul> <li>INCLUDING PLEDGE AND RECOVERY OF CHARGES A</li> <li>I/we the undersigned, hereby give my/our express authority to the Book-entry Securities beneficially owned by me/us and entered in exclusively meant for the following purposes:</li> <li>a. For the settlement of any underlying market transaction b. For pledge securities transactions with any Stock Exch to be settled through the Clearing Company from time ba. For, where applicable, pledging of my/our securities on Exchange for meeting any shortfall in the margin and/t the Participant;</li> <li>c. For the recovery of payment against any underlying market Market transactions which has been made by way or the CDC Regulations from time to time;</li> <li>f. Securities transactions pertaining to any lending or Regulations;</li> <li>g. For the recovery of any charges or losses against any other purposed of the set the set of th</li></ul>	Participa my/our S ange or a to time; nly with a or mark-t arket purce k-entry S tin Accou ant or to r f a gift of borrowin r all of th	nt under Section 12 and Section ub-Account maintained with th including off market transaction Clearing Company relating to a Stock Exchange in accordance o-market losses requirements of hase transactions made by me/u curities from my/our Sub-Account in under the control of the Pa ny/our Investor Account; Securities by me/us to my/our g of Securities made by me/u e above transactions carried out	e Participant for s ons made by me/u any of my/our une with the require f the Participant a us from time to the punt under the M rticipant or to my Family Members us from time to by me/ us or serv	securities transactions that are us from time to time; aderlying market transactions (trade- ements of regulations of such Stoc and/or other Sub-Account Holders of me; Iain Account under the control of th ty/our Sub-Account under any Mai s or other persons in accordance with time in accordance with the CD vices availed; and/or
Specific authority on each occasion shall be given by me/us to the purposes as permitted under the applicable laws and regulations. <b>Note:</b> Please note that above shall serve as a one-time fixed author Sub-Account Holder(s) and entered in his/her/their Sub-Account r should however require specific authority in writing from the under Securities worth Rs. 500,000/- and above, the above mentioned sp	rization to naintaine ersigned S	the Participant for handling of l with the Participant. Handling ub-Account Holder(s) in favou	Book-entry Secu of Book-entry So r of the Participar	urities owned by the undersigned decurities for all other purposes nt. For handling of Book-entry

Signatures:

#### 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:

- 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 bylaws, 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.
- 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 3

#### **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
- 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 <u>www.cdcaccess.com.pk</u> which shall be deemed to have been read and agreed to by the Users before signing this form.

Name of Applicant:	me of Applicant:									Signature:						
Name of Joint Applicant No 1:	Name of Joint Applicant No 1: Date: Place:								Signature:							
Name of Joint Applicant No 2:					:					Signat	ure:					
Name of Joint Applicant No 3:					:					Signat	ure:					
For and on behalf of (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:	ng, maintenance	and ope	ration of	such St		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.

H. FOR THE USE OF PARTICIPANT ONLY									
Particulars of Sub-Account Opening Form verified by :									
			Stamp:						
Application: Appro	ved	Rejected	Signature: (Authorized signatory)	Date:					
Sub-Account no. issued:									
Account opened by:									
Saved by:			Posted by:						
Signature: Date:			Signature:						
Remarks: ( <i>if any</i> )									

## \_\_\_\_\_

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