



ACCOUNT OPENING FORM

Enclosures:

FOR INDIVIDUALS

1. Attested copies of Computerized National Identity Card of the applicant.
2. Attested copy of Computerized National Identity Card of the Joint Account Holder and/or Nominee(s) *(if applicable)*.
3. Attested copy of passport of the applicant, Joint Account Holder and/or Nominee(s) *(in case of Non-Resident)*.
4. Letter of authorization from the Account Holder of the person authorized to trade in my/our account *(if other than the account holder)*.
5. A list of Transaction Fee, Commission to be charged by the broker and other CDC charges to be levied.

FOR CORPORATE ENTITIES

1. Certified true copy of Board Resolution *(specimen provided as per Annexure 'A')*.
 2. Certified true copies of Memorandum & Articles of Association.
 3. List of authorized persons along with attested CNIC.
 4. List of nominated persons allowed to place orders with specimen signatures.
 5. Trust deed in case of Mutual Fund.
 6. Business commencement certificate. *(if applicable)*
- (All documents to be signed & stamped by company secretary)*

Note:

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



Nature of Account

[Please tick (✓) appropriate box]

| | | | | | | |
|-------------------|---------------------------------|--------------------------------|----------------------------------|---|--|-------------------------------------|
| Nature of Account | Single <input type="checkbox"/> | Joint <input type="checkbox"/> | Company <input type="checkbox"/> | DVP Individual <input type="checkbox"/> | ONLINE <input checked="" type="checkbox"/> | Edge Value <input type="checkbox"/> |
| | | | | | | Edge Prime <input type="checkbox"/> |

(Please use BLOCK LETTERS to fill the form)

| | | | | | | |
|---|--|---------------|--|---|--|--|
| A - MAIN APPLICANT | | | | | | |
| 1. Name / Title of Account (as per CNIC): | | | | | | |
| 2. Father's / Husband's Name: | | | | | | |
| 3. Date of Birth: | | | | | | |
| 4. Nationality: | | | | | | |
| 5. Permanent Address: | | | | | | |
| 6. Mailing Address: | | | | | | |
| 7. Computerized National Identity Card No: <small>In case of non-resident, please provide passport copy and No.</small> | | | | | | |
| 8. NTN No. (optional) | | | | | | |
| 9. (a) Office Tel: | | (b) Home Tel: | | (c) Mobile: | | |
| (d) Fax No. | | (e) E-mail: | | (f) Occupation: | | |
| (g) Status: Resident <input type="checkbox"/> Non - Resident <input type="checkbox"/> | | | | (h) Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | | |
| B - JOINT ACCOUNT HOLDER | | | | | | |
| 1. Name / Title of Account (as per CNIC): | | | | | | |
| 2. Father's / Husband's Name: | | | | | | |
| 3. Date of Birth: | | | | | | |
| 4. Nationality: | | | | | | |
| 5. Permanent Address: | | | | | | |
| 6. Mailing Address: | | | | | | |
| 7. Computerized National Identity Card No: <small>In case of non-resident, please provide passport copy and No.</small> | | | | | | |
| 8. NTN No. (optional) | | | | | | |
| 9. (a) Office Tel: | | (b) Home Tel: | | (c) Mobile: | | |
| (d) Fax No. | | (e) E-mail: | | (f) Occupation: | | |
| (g) Status: Resident <input type="checkbox"/> Non - Resident <input type="checkbox"/> | | | | (h) Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | | |
| C - 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. | | | | | | |
| 1. Name of Nominee: | | | | | | |
| 2. Father's / Husband's Name: | | | | | | |
| 3. Relationship with A/c Holder: | | | | | | |
| 4. Computerized National Identity Card No: <small>In case of non-resident, please provide passport copy and No.</small> | | | | | | |
| 5. Date of Birth: | | | | | | |
| 6. Postal Address: | | | | | | |
| 7. E-mail: | | | | 8. Tel: | | |

Signatures:

Account Holder _____ Joint Account Holder _____ Broker _____



NAME OF PERSON(S) AUTHORIZED TO OPERATE AND SETTLE THE ACCOUNT

| | |
|----------|----------------------------|
| 1. Name: | 1. (a) Specimen Signature: |
|----------|----------------------------|

| | |
|---|--|
| 1. (b) Singly <input type="checkbox"/> Jointly <input type="checkbox"/> | |
|---|--|

1. (c) Address:

1. (d) Computerized National Identity Card No:

| | |
|--------------------|----------------|
| 1. (e) Office Tel: | 1. (f) E-mail: |
|--------------------|----------------|

| | |
|----------|----------------------------|
| 2. Name: | 2. (a) Specimen Signature: |
|----------|----------------------------|

| | |
|---|--|
| 2. (b) Singly <input type="checkbox"/> Jointly <input type="checkbox"/> | |
|---|--|

2. (c) Address:

2. (d) Computerized National Identity Card No:

| | |
|--------------------|----------------|
| 2. (e) Office Tel: | 2. (f) E-mail: |
|--------------------|----------------|

| | |
|----------|----------------------------|
| 3. Name: | 3. (a) Specimen Signature: |
|----------|----------------------------|

| | |
|---|--|
| 3. (b) Singly <input type="checkbox"/> Jointly <input type="checkbox"/> | |
|---|--|

3. (c) Address:

3. (d) Computerized National Identity Card No:

| | |
|--------------------|----------------|
| 3. (e) Office Tel: | 3. (f) E-mail: |
|--------------------|----------------|

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

FOR COMPANIES / FIRMS AND OTHERS ONLY

Title of Account:

Registered Office Address:

Company / Firm Registration No.:

STATUS: (a) Resident: (b) Non Resident:

Draft Board Resolution / Partnership Deed, dated _____ attached as Annexure "B".

Declaration of Solvency

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

(a) It has not applied 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 insolvent; and

(c) It has not been declared defaulter in repayment of loan(s) of a banks / financial institutions.

Share Holder's Category (for Companies Only) [Please tick (✓) appropriate box]

| | | | |
|---|--|--|--|
| <input type="checkbox"/> 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"/> Mutual Funds | <input type="checkbox"/> Others (pls specify) | |

Residential Status:

| | | | |
|---|---|--|--|
| <input type="checkbox"/> Resident Pakistani | <input type="checkbox"/> Foreigner Resident (R) | <input type="checkbox"/> Non Resident Pakistani (NR) | <input type="checkbox"/> Foreigner Non Resident (NR) |
|---|---|--|--|

Details of contact person

Name:

Designation:

Address:

| | |
|--------|------|
| Phone: | Fax: |
|--------|------|

E-mail:

Signatures:

Account Holder _____ Joint Account Holder _____ Broker _____



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 30% 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 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.

Signature(s) of Account Holder: _____

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.

Signature(s) of Account Holder: _____

Confirmation of Trade and Delivery of Mail

(Please tick (✓) appropriate box)

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

Additional Information to be provided by Account Holder - Optional

| Bank Details | | Accounts With Other Brokers | | |
|---------------------------|--------------------------|-----------------------------|-----------------|-------------------|
| Name & Address of Bank(s) | Saving/Current Account # | Name of Broker(s) | Member Exchange | Client ID/Account |
| | | | | |
| | | | | |

Signatures:

Account Holder

Joint Account Holder

Broker



IMPORTANT

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

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. I / We, the Account Holder(s), hereby fully authorize the Broker to utilize my / our monies deposited / maintained in the separate bank account of the clients of the Broker, for any purpose deemed fit by the Broker.
3. 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 / Purchase 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 transactions to the Account Holder at the above stated address by means of acceptable mode of communication or by hand subject to acknowledgment receipt as noted in Clause 18, within twenty four (24) hours of the execution 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 indicated 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 or the purchase of Securities. The Broker shall immediately deposit in its bank account all cash received in whole i.e. no payments shall be made from the cash received from clients.

- 8.(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 or 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).
- 8.(iii) 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(ii) 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 security as the Broker may deem fit.
- 8.(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.

Account Holder

Joint Account Holder

Broker



- 8.(v) Without prejudice to the Broker's rights, remedies and resources 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(ii) and 8(iii) above, or to deliver or deposit the Securities against a sale contract, as mentioned in Clause 8(iv) 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.
- 8.(vi) without prejudice to the other terms & conditions agreed between New Peak Securities (Pvt) Limited and the client, it is agreed that if any amount(s) standing due against the client is not paid on the due date(s), New Peak Securities (Pvt) Limited shall have the right charge the client late payment charges at a rate to be communicated in writing to the client.
9. The members shall make all the payments of Rs. 25000/- and above, through crossed cheques / bank drafts / pay orders or any other crossed banking instruments showing payment of amount from their business bank account. Copies of these payment instruments including cheques, pay orders, demand drafts and online instructions shall be kept in record for a minimum period of five years.
10. The Account Holder(s) shall have a right to obtain a copy of his/her/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.
11. The Account Holder (s) shall operate the account and execute transactions himself / herself / themselves unless the Account Holder(s) authorize Mr./Ms./ _____ CNIC 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).
12. 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
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.
13. 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.
14. 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.
15. 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.
16. 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.
17. All orders received telephonically and placed on KATS shall be supported by recording on dedicated telephonic lines, preferably connected with a computerized taping system so as the orders could possibly be sorted on UIN basis and made user friendly.
18. 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/acknowledgment, 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 e-mail. Confirmation of orders to clients made through fax or e-mail will have a time record. 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.
19. In case of change of address or contact numbers of either party, the concerned party shall immediately notify the other party of the changes in writing. 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).

Account Holder

Joint Account Holder

Broker



- 20. 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 off 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.
- 21. 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.
- 22. 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.
- 23. 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.

| Signature of Account Holder: | | |
|------------------------------|------------|------------|
| Name of Applicant: | Date: | Signature: |
| For Joint Account Holder: | | |
| Name of Applicant: | Date: | Signature: |
| FOR AND ON BEHALF OF BROKER: | | |
| Name: | Signature: | |
| Designation: | | |
| WITNESSES: | | |
| 1. Name: | | Signature: |
| CNIC No: | | |
| 2. Name: | | Signature: |
| CNIC No: | | |

Account Holder

Joint Account Holder

Broker



IMPORTANT

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

TERMS AND CONDITIONS FOR ONLINE TRADING

These terms and conditions are in addition to the other terms and conditions of this Account Opening Form and are applicable only in case of Online Trading:

- (a) Online trading will be permitted through an online trading system of the Broker, which will act for the purpose of buying and selling securities, including Leverage Product at the Stock Exchange (Online Exchange).
- (b) A password or (personal identification number) PIN will be issued to the Account Holder(s) by the Broker to enable the Account Holder(s) to have an access to and use this Account for online trading. The Password/PIN may be communicated through email or through any courier to the Account Holder(s) at his/her/their/its own risk. The Account Holder(s) shall not disclose the Password / PIN to any person and shall take every reasonable precaution to prevent discovery of the Password/PIN by any other person. The Account Holder(s) shall immediately change the password/PIN as soon as it is received from the Broker.
- (c) Broker may electronically transfer delivery of confirmation, statements and other notices in connection with Electronic/Online Trading. It shall be the responsibility of the Account Holder(s) to review, upon receipt of e-mails, confirmation statement, notices, margin and maintenance calls whether delivered by mail, e-mail or electronic terminal at the discretion of the Broker. If the Password / PIN is disclosed to any third party the Account Holder(s) should immediately notify the same to the Broker. The Account Holder(s) will immediately notify of any loss, theft or unauthorized use of his/her/their/its account number and Password / PIN. The Account Holder(s) shall immediately notify and change his/her/its/their e-mail or other address as mentioned in the Account Opening Form.
- (d) All risks connected and involved with Electronic/Online Trading will be assumed fully by the Account Holder(s). Neither the Broker nor any of its directors or officers would be responsible or liable in any manner for any losses or damages that may be suffered by the Account Holder(s) including those due to the misuse of the Account Holder(s) Password or PIN, hacking of lines, outages and slow downs in the internet connection and piracy of Account Holder(s) information and affairs by unscrupulous persons.
- (e) The Broker may at any time and from time to time require additional margin in the Account (in cash or Securities) before executing any Orders or undertaking any Transactions through Online Trading Facility on account of the Account Holder(s). The amount and timing may vary depending on factors solely at Broker's discretion. Broker shall have the right to liquidate the Account Holder(s) Trading position(s) if the Account margin is insufficient at any time.
- (f) The Broker may at its discretion elect with or without notice to square off the Account Holder(s) Account and make obligations in the Account immediately due and payable by the Account Holder(s) without assigning any reason.
- (g) All other term and conditions including Special Terms and Conditions and CDC Terms and Conditions of this Account Opening Form shall be equally applicable to Online Trading Account(s).

Account Holder

Joint Account Holder

Broker



New Peak Securities (Pvt) Limited
 Suit# 521, 5th Floor
 Siddiq Trade Centre
 72, Main Boulevard Gulber
 Lahore

POWER OF ATTORNEY

Dear Sir,

This is with reference to Clause (11) and in case of Joint Account clause (12) of Account Opening Form.

I / We the Account Holder(s) by way of this letter hereby authorize Mr. / Miss / Mrs. _____ (Authorized Person) having CNIC 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 -mentioned Authorized Person shall not be questioned / disputed by me and shall be binding in all respects upon the Account Holder(s).

I / We undertake that in the event of termination/withdrawal of this authority, the NPS (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 of Applicant: | Date: | Signature: |
| For Joint Account Holder: | | |
| Name of Applicant: | Date: | Signature: |
| WITNESSES: | | |
| 1. Name: | | Signature: |
| CNIC No: | | |
| 2. Name: | | Signature: |
| CNIC No: | | |



**RESOLUTION UNDER ARTICLE _____ OF THE MEMORANDUM AND ARTICLES
OF ASSOCIATION OF _____ LIMITED**

RESOLVED that an application be made on behalf of _____ Limited (" the Company") to New Peak 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./Ms. _____ (insert designation) of the Company and Mr./Ms. _____ (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./Ms. _____ and Mr./Ms. _____ (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

1. _____ 2. _____ 3. _____
4. _____ 5. _____

Certified by Company Secretary

Date of Resolution: _____



New Peak Securities (Pvt) Ltd
 Suite No.521 5th Floor Siddiq Trade Centre 72-Main Boulevard
 Gulberg Lahore Ph No.042-35781705-06 Fax No.042-35781707

| For official use of the Participant only | |
|--|-------|
| Application Form No: | |
| CDS Participant ID: | 13920 |
| 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 | <input type="checkbox"/> | Joint | <input type="checkbox"/> |
|-------------------|--------|--------------------------|-------|--------------------------|

(Please use **BLOCK LETTERS** to fill the form)

I/We hereby apply for opening of my/our Sub-Account under the Account Family of [New Peak Securities (Pvt) Limited] (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 / 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 business address) | | | | | | | | | | | | | | | | | | | | | | | |
| (b) Mailing Address: | | | | | | | | | | | | | | | | | | | | | | | |
| (c) Contact No: | | | (d) Fax: (optional) | | | (e) Email: (*) | | | | | | | | | | | | | | | | | |
| • Land Line No.: | | | | | | | | | | | | | | | | | | | | | | | |
| • Local Mobile No. (*) | | | | | | | | | | | | | | | | | | | | | | | |
| 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: (*) | | | | | | | | | | | | | | | | | |
| • Land Line No.: | | | | | | | | | | | | | | | | | | | | | | | |
| • Local Mobile No. (*) | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Share holder's Category: INDIVIDUAL | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | | | | | | | | | |

*At least one field must be mandatorily filled.

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 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:

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) | <input type="checkbox"/> | |

(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 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:

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) | <input type="checkbox"/> | |

(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 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:

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) | <input type="checkbox"/> | |

(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 | | | | | | |
|--|--|---|--------------------------|---|--------------------------|---|
| 1. Dividend Mandate [Please tick (✓) the appropriate box] | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | If yes, please provide following details: |
| (a) Account Title: | | | (b) Account No: | | | |
| (c) Name of Bank: | | | (d) Branch: | | | |
| (e) Address: | | | | | | |
| 2. National Tax No: (Optional) | | | | | | |
| 3. Nationality: | | | | | | |
| 4. Residential Status [Please tick (✓) the appropriate box] | | Resident | Non-Resident | Repatriable | Non-Repatriable | |
| Pakistani | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pakistani Origin | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Foreign National | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. If you are maintaining any Special Convertible Rupee Account ("SCRA"), please provide details in (a) to (c): | | (a) SCRA Account No: | | (b) Bank Name: | | |
| | | (c) Branch Details: | | | | |
| 6. Zakat Status: | | Please tick (✓) the appropriate box | | | | |
| | | <input type="checkbox"/> Muslim Zakat payable | | | | |
| | | <input type="checkbox"/> Muslim Zakat non-payable | | | | |
| | | <input type="checkbox"/> Non-Muslim | | | | |
| | | <input type="checkbox"/> Not Applicable | | | | |
| (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) | | | | | | |
| 7. Particulars of nominee (Optional but if desired, nomination should only be made in case of sole individual and not joint account) | | (a) Name of Nominee: | | | | |
| | | (b) Father's/Husband's Name: | | | | |
| | | <input type="checkbox"/> Spouse | | <input type="checkbox"/> Father | | |
| | | <input type="checkbox"/> Brother | | <input type="checkbox"/> Sister | | |
| | | <input type="checkbox"/> Daughter* | | <input type="checkbox"/> Son* | | |
| | | * Including step or adopted child | | | | |
| | | (d) Address: | | | | |
| | | (e) CNIC No: (in case of a resident Pakistani) | | | | |
| | | (f) Expiry date of CNIC: | | | | |
| | | (g) NICOP No: (in case of a non-resident Pakistani) | | | | |
| | | (h) Expiry date of NICOP: | | | | |
| | | (i) Passport details: (In case of a foreigner or a Pakistani origin) | | Passport Number: | | |
| | | | | Place of Issue: | | |
| | | | | Date of Issue: | | |
| | | | | Date of Expiry: | | |
| | | (j) Contact No: | | (k) Fax: (optional) | | |
| | | (l) E-mail: (optional) | | | | |
| D. CDC SMS / IVR / WEB SERVICES ("CDC access") | | | | | | |
| CDC provides FREE OF COST services under CDC access whereby sub-account holders can have real time access to their account related information. | | | | | | |
| 1(a). SMS or eAlert/eStatement is a mandatory service, where alerts are sent whenever certain activities take place in a sub-account. eStatement is a service where your account balance statement will be electronically transmitted to your email address. Please subscribe to either SMS or eAlert/eStatement service as a mandatory requirement. You can also subscribe to both the services. | | | | | | |
| Short Messaging Service (SMS) | | Mobile No.(†) | | † of Contact Person as provided in Part A or Part B of this Form, as the case may be. | | |
| eAlert / eStatement Service | | Email Address (†) | | | | |
| 1(b). If you have subscribed for eStatement, please specify the frequency of eStatement: [Please tick (✓) the appropriate box] | | Monthly | <input type="checkbox"/> | Quarterly | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 3. Do you wish to subscribe to free of cost Web Service? [Please tick (✓) the appropriate box] | | | | | | |
| 4. If you are subscribing to IVR and/or Web Service, please provide following details of your Contact Person: | | | | | | |
| (a) Date of Birth (DD / MM / YYYY) | | | | | | |
| (b) Mother's Maiden Name: | | (c) Email Address (of Contact Person as provided in Part A or Part B of this Form, as the case may be): | | | | |

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 / Authorized Officer:

| | |
|---------------|---------------------------------|
| Name: _____ | Contact No(s): _____ |
| E-mail: _____ | Signature & Rubber Stamp: _____ |

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

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

- For the settlement of any underlying market transactions (trades) including off market transactions made by me/us from time to time;
- For pledge securities transactions with any Stock Exchange or a Clearing Company relating to any of my/our underlying market transactions (trades) to be settled through the Clearing Company from time to time;
- For the recovery of payment against any underlying market purchase transactions made by me/us from time to time;
- Movement by me/us from time to time of my/our Book-entry Securities from my/our Sub-Account under the Main Account under the control of the Participant to my/our Sub-Account under another Main Account under the control of the Participant or to my/our Sub-Account under any Main Account which is under the control of another Participant or to my/our Investor Account;
- Securities transactions which has been made by way of a gift of Securities by me/us to my/our Family Members or other persons in accordance with the CDC Regulations from time to time;
- Securities transactions pertaining to any lending or borrowing of Securities made by me/us from time to time in accordance with the CDC Regulations;
- For the recovery of any charges or losses against any or all of the above transactions carried out by me/ us or services availed; and/or
- Delivery Transaction made by me/us for any other purposes as prescribed by the Commission from time to time.

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 |
| _____ | _____ | _____ | _____ | _____ |



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

TERMS AND CONDITIONS

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

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

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

Participant



DECLARATION & UNDERTAKING

I/We, the undersigned, hereby declare that:

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

DISCLAIMER FOR CDC ACCESS

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

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

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

| | | |
|--|-----------------|------------|
| Name of Applicant: | Date: 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: |
| For and on behalf of <i>(In case if signed by the Attorney on behalf of the Applicant(s))</i> | | |
| 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: | |
| 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.



| II. FOR THE USE OF PARTICIPANT ONLY | | | |
|---|-----------------------------------|-----------------------------------|--|
| Particulars of Sub-Account Opening Form verified by : | | | |
| | | Stamp: | |
| Application: | <input type="checkbox"/> Approved | <input type="checkbox"/> Rejected | Signature: (Authorized signatory) Date: |
| Sub-Account no. issued: | | | |
| Account opened by: | | | |
| Saved by: | | Posted by: | |
| Signature: | Date: | Signature: | Date: |
| Remarks: (if any) | | | |

| ACKNOWLEDGEMENT RECEIPT | |
|---|---------------------------------|
| Application No: | Date of receipt: |
| <i>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. | |

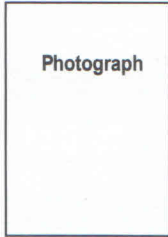


NEW PEAK SECURITIES (PVT) LTD

Suit# 521, 5th Floor Siddiq Trade Centre.
72 Main Boulevard Gulberg, Lahore

KNOW YOUR CLIENT (KYC) APPLICATION FORM

MAIN APPLICANT (Individual)



(Please use BLOCK LETTERS to fill the form)

| A. IDENTITY DETAILS OF MAIN APPLICANT | | | | |
|---|---|--|---|--|
| 1. Full name of Applicant (As per CNIC / NICOP/NARA / Passport) MR. / MRS. / MS. | | | | |
| 2. Father's / Husband's Name: | | | | |
| 3. a. Nationality: | b. Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married | c. Status: <input type="checkbox"/> Resident - Non | <input type="checkbox"/> Resident | |
| 4. a. Computerized National Identity Card or NICOP/NARA No: | | | | |
| 5. Passport details: (For a foreigner or a Pakistani origin) | | Passport Number: | Place of Issue: | |
| | | Date of Issue: | Date of Expiry: | |
| 6.a. NTN (Optional) | | b. Date of Birth | | |
| B. ADDRESS DETAILS OF MAIN APPLICANT | | | | |
| 1.(a)Mailing Address: (Address should be different from authorised intermediary business address except for employees of Brokers) | | | | |
| | | City/Town/Village: | Province/State: | Country: |
| (b) Tel. (Off.): | (c) Tel. (Res.): | (b) Mobile: | (d) Fax: (Optional) | (e) Email (if any): |
| Specify the proof of address submitted for mailing address: | | | | |
| 2. (a)Permanent Address: (if different from above or overseas address, mandatory for Non-Resident Applicant) | | | | |
| (b) Tel. (Off.): | (c) Tel. (Res.): | (b) Mobile: | (d) Fax (Optional): | (e) Email (if any): |
| Specify the proof of address submitted for permanent address: | | | | |
| C. OTHER DETAILS | | | | |
| 1. Gross Annual Income Details (please specify): <input type="checkbox"/> Below Rs. 100,000 <input type="checkbox"/> Rs. 250,001 - Rs. 500,000 <input type="checkbox"/> Rs. 1,000,001 - Rs. 2,500,000 | | | | |
| <input type="checkbox"/> Rs. 100,001 - Rs. 250,000 <input type="checkbox"/> Rs. 500,001 - Rs. 1,000,000 <input type="checkbox"/> Above Rs 2,500,001 | | | | |
| 2. Net-worth as on (date) _____ : (_____) | | | | |
| 3. Shareholder's Category: INDIVIDUAL | | | | |
| 4. (a) Occupation: [Please tick (V) 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 Executive | <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: | | | | |
| D. BANK VERIFICATION (Main Applicant): Required to be verified by the Bank: | | | | |
| Bank Account Title: | | CNIC No: | | |
| Bank Account No: | | Signature of Applicant: | | |
| Address of Applicant: | | | | |

We do hereby verify the above particulars and signature of our above account holder:

Particulars of Bank Manager / Authorized Officer

Name: _____ Contact No(s): _____

E-mail: _____ Signature & Rubber Stamp: _____

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

I hereby confirm that all the information furnished above is true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be untrue or false or misleading or misrepresenting, I am aware that I may be held liable for it.

Signature of the Applicant Date: _____ (dd/mm/yyyy)

FOR OFFICE USE ONLY

- (Originals verified) True copies of documents received
- (Self-Attested) Self Certified Document copies received

Signature of the Authorised Signatory _____

_____ Date

Seal/Stamp of the Authorised Intermediary _____



NEW PEAK SECURITIES (PVT) LTD

Suit# 521, 5th Floor Siddiq Trade Centre.
72 Main Boulevard Gulberg, Lahore

KNOW YOUR CLIENT (KYC) APPLICATION FORM CORPORATE

Photograph

(Please use **BLOCK LETTERS** to fill the form)

| A. REGISTRATION (AND OTHER) DETAILS OF APPLICANT | | | | |
|--|--------------------------|---------------------------------------|--------------------------|-----------------------------|
| 1. Full name of Applicant (As per constitutive documents) | | | | |
| 2. Date of Incorporation: | | 3. Place of Incorporation: | | |
| 4. Date of Commencement of Business: | | 5. National Tax No. (where available) | | |
| 6. Industry/Sector: | | 7: | | |
| 8. Directors Details: | | | | |
| a) Business address: | | | | |
| b) Residential address: | | | | |
| c) Telephone number: | | | | |
| d) E-mail address: | | | | |
| 9. Registration Number/Unique Identification Number (UIN): | | | | |
| 10. Detail of Contact Person of the Applicant: (Should only be an official or an Attorney of the Applicant) | | | | |
| (a) Name Mr./Mrs./Ms: | | | | |
| (b) Association of the Attorney with the Applicant: | | | | |
| (c) Address: | | | | |
| | | | | |
| (d) CNIC No: | | | | |
| (e) Expiry date of CNIC: | | (f) Designation of the official: | | |
| (g) Tel (off): | (h) Mobile: | (i) Fax: | (j) E-mail: | |
| B. ADDRESS DETAILS OF APPLICANT | | | | |
| 1. (a) Mailing Address: | | | | |
| City/Town/Village: | | Province/State: | Country: | |
| (b) Tel. (Off.): | (c) Tel. (Res.): | (b) Mobile: | (d) Fax: | (e) Email: |
| Specify the proof of address submitted for mailing address: | | | | |
| 2. (a) Registered Address: | | | | |
| City/Town/Village: | | Province/State: | Country: | |
| (b) Tel. (Off.): | (c) Tel. (Res.): | (b) Mobile: | (d) Fax: | (e) Email: |
| C. OTHER DETAILS | | | | |
| 1. Expected Annual Income: | | | | |
| 2. Net- <input type="checkbox"/> uity/net- assets as on (date) _____ : (_____) | | | | |
| 3. Share holder's Category: (Please tick (✓) the appropriate box) | <input type="checkbox"/> | Investment Company | <input type="checkbox"/> | Moadaraba |
| | <input type="checkbox"/> | Insurance Company | <input type="checkbox"/> | Modaraba Management Company |
| | <input type="checkbox"/> | Charitable Trust | <input type="checkbox"/> | Cooperative Society |
| | <input type="checkbox"/> | Leasing Company | <input type="checkbox"/> | Mutual Fund |
| | <input type="checkbox"/> | Bank/Financial Institution | <input type="checkbox"/> | Other (Please specify) |
| | <input type="checkbox"/> | Joint Stock Company | <input type="checkbox"/> | |
| D. BANK VERIFICATION (Main Applicant) Required to be verified by the Bank Manager: | | | | |

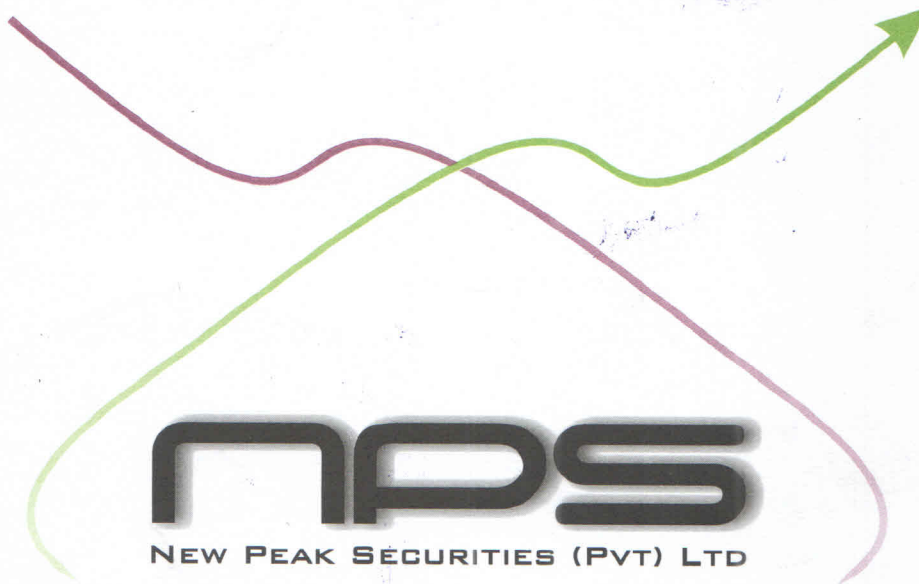
CONCEPT PAPER - CKO

| | | |
|--|---------------------------|---|
| Bank Account Title: | CNIC No: | |
| Bank Account No: | Signature of Applicant: | |
| Address of Applicant: | | |
| We do hereby verify the above particulars and signature of our above account holder: | | |
| Particulars of Bank Manager / Authorized Officer | | |
| Name: | Contact No(s): | |
| E-mail: | Signature & Rubber Stamp: | |
| E. DECLARATION | | |
| I hereby confirm that all the information furnished above is true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be untrue or false or misleading or misrepresenting, I am aware that I may be held liable for it. | | |
| Signature of the Authorized Person | Date: _____ (dd/mm/yyyy) | |
| FOR OFFICE USE ONLY | | |
| <input type="checkbox"/> (Originals verified) True copies of documents received <input type="checkbox"/> (Self-Attested) Self Certified Document copies received | | |
| Signature of the Authorised Signatory | Date | Seal/Stamp of the Authorised Intermediary |

A/c. I.D: _____

UIN #: _____

CDC Sub A/c #: _____



New Peak Securities (Private) Limited

Corporate Member: Islamabad Stock Exchange Limited
ISE Code # C - 582 S.E.C.P Broker Registration #: BRI-100
TRE Certificate No. I-079 CDC Participant ID# 13920

REGISTERED OFFICE

Suit# 521, 5th Floor Siddiq Trade Centre. 72 Main Boulevard Gulberg, Lahore
Ph: 042 3 578 1705, 042 3 578 1706 Fax: 0423 578 1707
Email: info@newpeak.com.pk URL: www.newpeak.com.pk