

Serial No. _____

Date: _____



AKHAI SECURITIES (PVT.) LTD.
TREC Holder/Stock Broker: PAKISTAN STOCK EXCHANGE LTD.

Account Opening Form

Client's Name: _____

Contact No. _____

CDC Sub A/c No. _____

Kats UIN _____

Client Code: _____



AKHAI SECURITIES (PVT.) LTD.

TREC Holder/Stock Broker: PAKISTAN STOCK EXCHANGE LTD.

Room No. 623, 6th Floor, Pakistan Stock Exchange Building, Stock Exchange Road, Karachi-74000.
Ph : (92-21) 32418672-73-74 Fax (92-21) 32460750 Email: akhaisec@gmail.com, Web: www.akhaisecurities.com

Broker Registration No. BRK-074

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)

| For official use of the Participant only | |
|--|-------|
| Application Form No: | |
| CDS Participant ID: | 04879 |
| Sub-Account No: | |
| Trading Account No: (if applicable) | |
| Inv Account No. | |

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

(Please use BLOCK LETTERS to fill the form)

I/We hereby apply to opening of my/our Sub-Account under the Account Family of AKHAI 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 / NICOP / Passport) <small>MR. MRS. MS.</small> | | | | | | | | | | | |
| 2. Father's / Husband's Name: | | | | | | | | | | | |
| 3. Contact Details of Main Applicant: | | | | | | | | | | | |
| (a) Permanent Address: (Address should be different from Participant's address) | | | | | | | | | | | |
| (b) Mailing Address: | | | | | | | | | | | |
| (c) Contact No: | | | Land Line No. | | | (d) International No. | | | (e) Fax: (optional) | | |
| | | | Local Mobile No(*) | | | (f) Email: (optional) | | | | | |
| 4. Computerized National Identity Card No: (For resident Pakistani) | | | | | | | | | | | |
| 5. Expiry date of CNIC: | | | | | | | | | | | |
| 6. NICOP No: (For non-resident Pakistani) | | | | | | | | | | | |
| 7. Expiry date of NICOP: | | | | | | | | | | | |
| 8. Passport details: (For a foreigner or a Pakistani origin) | | | | | | Passport Number: | | | Place of Issue: | | |
| | | | | | | Date of Issue: | | | Date of Expiry: | | |
| 9. Details of Contact Person: [Note: Contact Person shall not be the person other than the Main Applicant, any one of the Joint Applicant or their Attorney. Where Contact Person is the Main Applicant or any of the Joint Applicant, please only provide the name below. In case of Attorney, please provide details in (a) to (h) below] | | | | | | | | | | | |
| (a) Name: MR. / MRS. / MS. | | | | | | | | | | | |
| (b) Relationship/ association of the Attorney with the Main Applicant: | | | | | | | | | | | |
| (c) Address: | | | | | | | | | | | |
| (d) Computerized National Identity Card No: | | | | | | | | | | | |
| (e) Expiry date of CNIC: | | | | | | | | | | | |
| (c) Contact No: | | | Land Line No. | | | (d) Fax: (optional) | | | | | |
| | | | Local Mobile No(*) | | | (e) Email: (optional) | | | | | |
| 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 address)

4. (a) Contact No: Local Mobile No. (b) Fax: (optional) (c) Email: (optional)

5. Computerized National Identity Card No: (For resident Pakistani)

6. Expiry date of CNIC:

7. NICOP No: (For non-resident Pakistani)

8. Expiry date of NICOP:

9. Passport details: (For a Foreigner or a Pakistani origin) Passport Number: Place of Issue: Date of Issue: Date of Expiry:

10. (a) Occupation: [Please tick (✓) the appropriate box]

| | | | | | | | |
|--------------------------|----------------|--------------------------|----------|--------------------------|------------------|--------------------------|---------------|
| <input type="checkbox"/> | AGRICULTURIST | <input type="checkbox"/> | BUSINESS | <input type="checkbox"/> | HOUSEWIFE | <input type="checkbox"/> | HOUSEHOLD |
| <input type="checkbox"/> | RETIRED PERSON | <input type="checkbox"/> | STUDENT | <input type="checkbox"/> | BUSINESS EXEC. | <input type="checkbox"/> | INDUSTRIALIST |
| <input type="checkbox"/> | PROFESSIONAL | <input type="checkbox"/> | SERVICE | <input type="checkbox"/> | OTHERS (specify) | <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 address)

4. (a) Contact No: Local Mobile No. (b) Fax: (optional) (c) Email: (optional)

5. Computerized National Identity Card No: (For resident Pakistani)

6. Expiry date of CNIC:

7. NICOP No: (For non-resident Pakistani)

8. Expiry date of NICOP:

9. Passport details: (For a Foreigner or a Pakistani origin) Passport Number: Place of Issue: Date of Issue: Date of Expiry:

10. (a) Occupation: [Please tick (✓) the appropriate box]

| | | | | | | | |
|--------------------------|----------------|--------------------------|----------|--------------------------|------------------|--------------------------|---------------|
| <input type="checkbox"/> | AGRICULTURIST | <input type="checkbox"/> | BUSINESS | <input type="checkbox"/> | HOUSEWIFE | <input type="checkbox"/> | HOUSEHOLD |
| <input type="checkbox"/> | RETIRED PERSON | <input type="checkbox"/> | STUDENT | <input type="checkbox"/> | BUSINESS EXEC. | <input type="checkbox"/> | INDUSTRIALIST |
| <input type="checkbox"/> | PROFESSIONAL | <input type="checkbox"/> | SERVICE | <input type="checkbox"/> | OTHERS (specify) | <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 address)

4. (a) Contact No: Local Mobile No. (b) Fax: (optional) (c) Email: (optional)

5. Computerized National Identity Card No: (For resident Pakistani)

6. Expiry date of CNIC:

7. NICOP No: (For non-resident Pakistani)

8. Expiry date of NICOP:

9. Passport details: (For a Foreigner or a Pakistani origin) Passport Number: Place of Issue: Date of Issue: Date of Expiry:

10. (a) Occupation: [Please tick (✓) the appropriate box]

| | | | | | | | |
|--------------------------|----------------|--------------------------|----------|--------------------------|------------------|--------------------------|---------------|
| <input type="checkbox"/> | AGRICULTURIST | <input type="checkbox"/> | BUSINESS | <input type="checkbox"/> | HOUSEWIFE | <input type="checkbox"/> | HOUSEHOLD |
| <input type="checkbox"/> | RETIRED PERSON | <input type="checkbox"/> | STUDENT | <input type="checkbox"/> | BUSINESS EXEC. | <input type="checkbox"/> | INDUSTRIALIST |
| <input type="checkbox"/> | PROFESSIONAL | <input type="checkbox"/> | SERVICE | <input type="checkbox"/> | OTHERS (specify) | <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] | | <i>Resident</i> | <i>Non-Resident</i> | <i>Repatriable</i> | <i>Non-Repatriable</i> | |
| 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 | | | | |
| <i>(If, according to the Fiqh of the Applicant(s), Zakat deduction is not applicable, then relevant Declaration on prescribed format shall be submitted with the concerned Issuer and the Participant)</i> | | <input type="checkbox"/> Muslim Zakat payable | | | | |
| | | <input type="checkbox"/> Muslim Zakat non-payable | | | | |
| | | <input type="checkbox"/> Non-Muslim | | | | |
| | | <input type="checkbox"/> Not Applicable | | | | |
| 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: | | | | |
| <i>[In case of death of Sub-Account Holder: Nomination may be made in terms of requirements of Section 80 of the Companies Ordinance, 1984, which inter alia requires that person nominated as aforesaid shall not be a person other than the following relatives of the Sub-Account Holder, namely: a spouse, father, mother, brother, sister and son or daughter, including a step or adopted child.]</i> | | <input type="checkbox"/> Spouse | | <input type="checkbox"/> Father | <input type="checkbox"/> Mother | |
| | | <input type="checkbox"/> Brother | | <input type="checkbox"/> Sister | <input type="checkbox"/> Son* | |
| | | <input type="checkbox"/> Daughter* | | * Including step or adopted child | | |
| | | (d) Address: | | | | |
| | | (e) CNIC No: <i>(in case of a resident Pakistani)</i> | | | | |
| | | (f) Expiry date of CNIC: | | | | |
| | | (g) NICOP No: <i>(in case of a non-resident Pakistani)</i> | | | | |
| | | (h) Expiry date of NICOP: | | | | |
| (i) Passport details: <i>(In case of a foreigner or a Pakistani origin)</i> | | Passport Number: | | | | |
| | | Place of Issue: | | | | |
| | | Date of Issue: | | | | |
| | | Date of Expiry: | | | | |
| (j) Contact No: | | (k) Fax: (optional) | | | | |
| (l) E-mail: (optional) | | | | | | |

Signatures:



_____ Main Applicant

_____ Joint Applicant 1

_____ Joint Applicant 2

_____ Joint Applicant 3

_____ Participant

| D. CDC SMS / IVR/ WEB SERVICES ("CDC access") | | | | | | | | | |
|---|-------------------------------|--|---|---|--|--|--|--|--|
| CDC provides <i>FREE OF COST</i> 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 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 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"/> | | | | | | |
| 2. Do you wish to subscribe to free of cost IVR Service? [Please tick (✓) the appropriate box] | | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | | | |
| 3. Do you wish to subscribe to free of cost Web Service? [Please tick (✓) the appropriate box] | | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | | | |
| 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) | | | | (c) Email Address: (Contact Person as provided) | | | | | |
| (b) Mother's Maiden Name: | | | | | | | | | |
| 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) <input checked="" type="checkbox"/> | | | | | | | | | |
| (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: <input checked="" type="checkbox"/> | | | | |

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

Participant

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:

- a. For the settlement of any underlying market transactions (trades) including off market transactions made by me/us from time to time;
- b. 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;
- ba. For, where applicable, pledging of my/our securities only with a Stock Exchange in accordance with the requirements of regulations if such. Stock Exchange for meeting any shortfall in the margin and/or mark-to-market losses requirements of the Participant and/or other Sub-Account Holders of the Participant;
- c. For the recovery of payment against any underlying market purchase transactions made by me/us from time to time;
- d. 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 AKHAI SECURITIES (PVT.) LTD. to my/our Sub-Account under another Main Account under the control of the AKHAI SECURITIES (PVT.) LTD. or to my/our Sub-Account under any Main Account which is under the control of another Participant or to my/our Investor Account;
- e. 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;
- f. Securities transactions pertaining to any lending or borrowing of Securities made by me/us from time to time in accordance with the CDC Regulations;
- g. 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
- h. 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 AKHAI SECURITIES (PVT.) LTD. 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 AKHAI SECURITIES (PVT.) LTD. 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 AKHAI SECURITIES (PVT.) LTD. 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 AKHAI SECURITIES (PVT.) LTD. 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.

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 AKHAI SECURITIES (PVT.) LTD. or any authorized person of the AKHAI SECURITIES (PVT.) LTD..
3. The AKHAI SECURITIES (PVT.) LTD. shall ensure provision of copies of all the relevant laws, rules and regulations at his office for access to the AKHAI SECURITIES (PVT.) LTD. during working hours.
4. The AKHAI SECURITIES (PVT.) LTD. shall provide a list of his authorized agents/traders and designated employees, who can deal with the sub account holder from time to time. Any change(s) therein shall forthwith be intimated in writing to the sub account holder.
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 AKHAI SECURITIES (PVT.) LTD. 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 AKHAI SECURITIES (PVT.) LTD. 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 AKHAI SECURITIES (PVT.) LTD. in Part (G) above pursuant to Section 12 and 24 of the Act. Such authorization shall constitute the congregated / entire authorizations by the AKHAI SECURITIES (PVT.) LTD. in favour of the AKHAI SECURITIES (PVT.) LTD. 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 AKHAI SECURITIES (PVT.) LTD. has executed in favour of the AKHAI SECURITIES (PVT.) LTD..
8. AKHAI SECURITIES (PVT.) LTD. 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 AKHAI SECURITIES (PVT.) LTD.. Such instructions, among other matters, may include closing of Sub-Account.
9. AKHAI SECURITIES (PVT.) LTD. shall within 10 days of end of each quarter Account Balance statement to the Sub-Account Holder without any fee or charge be showing the member of every Bank-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 AKHAI SECURITIES (PVT.) LTD. at any time on payment of a fee on cost basis as prescribed by the AKHAI SECURITIES (PVT.) LTD.. The AKHAI SECURITIES (PVT.) LTD. 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 AKHAI SECURITIES (PVT.) LTD., the Sub-Account Holder shall pay fees and charges to the AKHAI SECURITIES (PVT.) LTD. 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 AKHAI SECURITIES (PVT.) LTD. shall have the right: subject to Clause 7 above and serving of prior written notice 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 AKHAI SECURITIES (PVT.) LTD., 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 AKHAI SECURITIES (PVT.) LTD. 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 AKHAI SECURITIES (PVT.) LTD..

Signatures:



Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

Participant

11. AKHAI SECURITIES (PVT.) LTD. 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 AKHAI SECURITIES (PVT.) LTD. 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 AKHAI SECURITIES (PVT.) LTD. 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 AKHAI SECURITIES (PVT.) LTD. 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 AKHAI SECURITIES (PVT.) LTD. or otherwise, the Terms and Conditions contained herein shall prevail, insofar as it is related to the custodial services to be provided by the AKHAI SECURITIES (PVT.) LTD. under the legal framework of CDC.
16. The provision of services as provided for hereunder shall not constitute AKHAI SECURITIES (PVT.) LTD. as trustee and the AKHAI SECURITIES (PVT.) LTD. shall have no trust or other obligation in respect of the Book-entry Securities except as agreed by the AKHAI SECURITIES (PVT.) LTD. separately in writing.
17. The AKHAI SECURITIES (PVT.) LTD. is not acting under this application form as Investment Manager or Investment Advisor to the Sub-Account Holders
18. The AKHAI SECURITIES (PVT.) LTD. 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, AKHAI SECURITIES (PVT.) LTD. 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 AKHAI SECURITIES (PVT.) LTD. shall ensure that duly filled in and signed copy of this form' along with the acknowledgement receipt is provided to the Sub-Account Holder

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.

Signatures:



Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

Participant

| | | |
|--|-----------------|-----------------|
| 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: AKHAI SECURITIES (PVT.) LTD. | | 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

7

AKHAI SECURITIES (PVT.) LTD.

| 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 : | |
| Name of Applicant(s) | Participant's Seal & Signature: |
| 1. | ✓ |
| 2. | |
| 3. | |
| 4. | |

H. FOR THE USE OF PARTICIPANT ONLY

Particulars of Sub-Account Opening Form verified by :

| | | | | | | |
|-------------------------|--------------------------|----------|--------------------------|------------|-----------------------------------|-------|
| | | | | Stamp: | | |
| Application: | <input type="checkbox"/> | Approved | <input type="checkbox"/> | Rejected | Signature: (Authorized signatory) | Date: |
| Sub-Account no. issued: | | | | | | |
| Account opened by: | | | | | | |
| Saved by: | | | Posted by: | | Date: | |
| Signature: | | Date: | | Signature: | Date: | |
| Remarks: (if any) | | | | | | |

Dear client,

Thanks for opening sub-account in CDC, through **AKHAI SECURITIES (PVT.) LTD.**, a Participant of CDC.

Our Participant ID. No. is **04879**. Sub-account allotted to you by CDC is _____ .

For any concern / enquiry regarding sub-account or management of your shares please do not hesitate to call our office at

Tel: (92-21) 32418672-73-74 Fax (92-21) 32460750 Email: akhaisec@gmail.com, Web: www.akhaisecurities.com

(9:00 a.m. to 5:00 p.m.) during office hours on Monday to Friday.



AKHAI SECURITIES (PVT.) LTD.

TREC Holder/Stock Broker: PAKISTAN STOCK EXCHANGE LTD.

Room No. 623, 6th Floor, Pakistan Stock Exchange Building, Stock Exchange Road, Karachi-74000.
Ph : (92-21) 32418672-73-74 Fax (92-21) 32460750 Email: akhaiscc@gmail.com, Web: www.akhaisecurities.com

Broker Registration No. BRK- 074

ACCOUNT OPENING FORM

NOTE 1: EACH AND EVERY COLUMN MUST BE FILLED IN

NOTE 2: EACH PAGE OF THIS FORM WILL BE DULY SIGNED BY THE ACCOUNT HOLDER(S) AND THE BROKER.

NATUER OF ACCOUNT:

ACCOUNT:

SINGLE: JOINT: CLIENT ID/ACCOUNT No. _____

COMPANY: FIRM: CDC ACCOUNT No. _____

ACCOUNT HOLDER

ACCOUNT TITLE NAME: _____

ADDRESS: _____

TELL: _____

E MAIL: _____

FAX NO: _____

PERMANENT / REGISTERED ADDRESS: _____

For Individuals only:

DATE OF BIRTH: _____

NATIONALITY: _____

STATUS _____ RESIDENT _____ NON-RESIDENT

GENDER: _____ MALE _____ FEMALE

FATHER'S/HUSBAND NAME: _____

NATIONAL IDENTITY CARD NO. (IN CASE OF NON-RESIDENT PASSPORT NO.) _____

OCCUPATION: _____

For Companies or Firms only:

Company Registration No. _____

STATUS: _____ RESIDENT

_____ NON-RESIDENT

- (1) BOARD RESOLUTION DATED
- (2) COPY OF MEMORANDUM & ARTICLE OF ASSOCIATION

JOINT ACCOUNT HOLDER

ACCOUNT TITLE NAME: _____

ADDRESS: _____

TELL: _____

E MAIL: _____

FAX NO: _____

PERMANENT / REGISTERED ADDRESS: _____

For Individuals only:

DATE OF BIRTH: _____

NATIONALITY: _____

STATUS _____ RESIDENT _____ NON-RESIDENT

GENDER: _____ MALE _____ FEMALE

FATHER'S/HUSBAND NAME: _____

NATIONAL IDENTITY CARD NO. (IN CASE OF NON-RESIDENT PASSPORT NO.) _____

OCCUPATION: _____

4. The Broker shall provide the confirmation of the executed transactions to the _____ (Name of 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 16.
 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 further notice to Account Holder(s), liquidate the Account Holder(s) outstanding positions, including the securities purchased and carried in such account, so that the margin is maintained at the required level.
 - 7 (a) 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 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).
 - (b) In the event of non-receipt of payment from the Account Holder on settlement day against securities bought on account of the Account Holder, the Broker may transfer such securities to his Collateral Account under intimation to the Exchange, after complying with the requirements as mentioned in the General Regulations of the Exchange.
 8. The Broker shall accept from the Account Holder(s) payments through "A/c Payee Only" crossed cheque, bank drafts, pay orders or other crossed banking instruments in case of amounts in excess of Rs. 25,000/-. Electronic transfer of funds to the Broker through banks would be regarded as good as cheque. 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. However, in exceptional circumstances, where it becomes necessary for Broker to accept cash in excess of Rs. 25,000/-, the Broker shall immediately report within one business day such instances with rationale thereof to the Exchange in accordance with the mechanism prescribed by the Exchange.
 9. The members shall make all the payments of Rs. 25,000/- 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 or their ledger statement under official seal and signature of the Broker or his authorized representative on a periodic basis. In case of any discrepancy in the ledger statement, the Account Holder(s) shall inform the Broker within 1 day of receipt of the ledger statement to remove such discrepancy.
 11. The Account Holder(s) shall operate the account and execute transactions himself/herself/themselves unless the Account Holder(s) authorize Mr./Ms./_____ I. D. No. _____ to transact in the account. 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.
 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.
 15. The Broker shall not disclose the information of the transactions of the Account Holders to any third party and shall maintain the confidentiality of this information. However, in case the Exchange or the Commission, as the case may be, requires 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 the agreement and conditions laid down herein above shall remain effective unless otherwise agreed by the parties.
 17. 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. 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.
 18. 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.
 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.
 20. 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 annexures 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.
 21. I/We, the Account Holder(s) understand 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.
 22. 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.

Akhai Securities (Private) Limited

✓

Signature of Account Holder

Signature of Joint Account Holder

WITNESSES: 1. _____ I.D. Card No. _____
2. _____ I.D. Card No. _____

Opened by: _____ Checked by: _____ Date: _____

Enclosures (for individuals):

1. Attested copies of National Identity Card of the applicant.
2. Attested copies of National Identity Card of the Joint Holders and or Nominee(s) (if applicable)
3. Attested copies of passports of the applicant, Joint Holders and or Nominee(s) (in case of non-residents)
4. Copy of the letter of authorization from the Account Holder(s) of the person authorized to trade in my/our accounts (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.

Enclosures (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 signatories.
4. List of nominated persons allowed to place orders.

Annexure -'A'

Board Resolution

"RESOLVED that an application be made on behalf of _____ (name of entity) to _____ ("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 _____ (name of entity).

FURTHER RESOLVED that Mr./Ms. _____ and Mr./Ms. _____ be and are hereby authorized and empowered, either singly/jointly for and on behalf of _____ (name of entity) to sign and execute and deliver this Account Opening Form and Terms & Conditions and other documents in connection therewith, and to do any other act, deed or thing for and on behalf of _____ (name of entity) in respect of company's application for opening an Account.

FURTHER RESOLVED that Mr./Ms. _____ and Mr./Ms. _____ be and are hereby authorized and empowered, either singly/jointly to represent to the broker on all matters pertaining to the maintenance and operation of the Account, to deal, liase 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".

Signatures of the Directors

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

Date of Resolution: _____ x _____ x _____ x _____



AKHAI SECURITIES (PVT.) LTD.

TREC Holder/Stock Broker: PAKISTAN STOCK EXCHANGE LTD.

Room No. 623, 6th Floor, Pakistan Stock Exchange Building, Stock Exchange Road, Karachi-74000.
Ph : (92-21) 32418672-73-74 Fax (92-21) 32460750 Email: akhaiscc@gmail.com, Web: www.akhaiscc.com

| | |
|----------------------|--|
| Application Form No: | |
| Sub-Account No. | |
| UIN No. | |
| Trading Account No. | |

Know Your Customer (KYC) Form

For official use of the Participant only

| | | | |
|-------------------|-------------|--|---------|
| Nature of Account | Individuals | | Company |
|-------------------|-------------|--|---------|

This form is meant and adopted to obtain information/set of documents to establish the identity of the client as required by applicable laws.

| | | | | | | |
|---|--|---------|-----------------------|--------------|--|---------------|
| Details of client | | | | | | |
| 1. Full name of Client (As per CNIC/NICOP / Passport) <small>MR. MRS. MS.</small> | | | | | | |
| 2. Father's / Husband's Name: | | | | | | |
| 3. Contact Details of Client: | | | 4. Occupation: | | | |
| 5. If Employee Provide Evidence | | | | | | |
| 6. If Business then provide following | | | | | | |
| (a) Name of Business: | | | (b) Type of Business: | | | |
| (c) Address of Business: | | | | | | |
| 7. Source of Fund for investment | | | | | | |
| 8. Client Risk Profile | | Low | | Medium | | High |
| 9. Client Monthly income | | 100,000 | | Over 100,000 | | Under 100,000 |

Information & Risk Assessment for Clients

A. Information Assessment Yes / No.

| | | | | |
|---|--|-----|--|----|
| 1. Is the investor also the ultimate beneficiary of funds to be invested | | Yes | | No |
| 2. Is the person a non-resident Pakistani | | Yes | | No |
| 3. Is the person a high net worth individual with no identifiable source of income or his/her profile/source of income doesn't match with size & quantum of investments/ | | Yes | | No |
| 4. Is the person involved in dealing in high value items (based on declared occupation) | | Yes | | No |
| 5. Is the person a foreign national | | Yes | | No |
| 6. Does the person appear to have links or money transfer to/from offshore tax havens or belongs to recommendations) | | Yes | | No |
| 7. Is there any reason to believe that the person has been refused account opening by another financial institution / country(s) where KYC/CDD and anti money laundering regulations are lax (in terms of not sufficiently applying FATF brokerage house | | Yes | | No |
| 8. Is the person opening the brokerage account on a non-face-to-face basis/on-line | | Yes | | No |
| 9. Is the person a holder of high profile position (e.g. senior politician) | | Yes | | No |
| 10. Is the brokerage account relationship with this high risk category person including politically exposed person / foreign national / holder of high profile position, approved by the Nominee Director, CEO / COO of the brokerage house (approval shall be provided by management through signing the respective Account Opening Form) | | Yes | | No |
| 11. In case of Government Accounts, Mark YES if the account is not in the personal name of the government official A resolution / authority letter (duly endorsed by Ministry of Finance or Finance Department of concerned government) is available, which authorizes the opening and operating of this account by an officer of federal /provincial / local government in his / her official capacity | | Yes | | No |
| 12. Is the unlisted private financial institution domiciled in Pakistan and is regulated by the SECP/State Bank of Pakistan (SBP) OR Is the domiciled in a FATF member country the is satisfactorily following the FATF recommendations and is supervised by a regulatory body | | Yes | | No |
| 13. List of Share Holders | | Yes | | No |

| B. Risk Assessment | | | | | |
|--|--------------------|--|-----|--|----|
| 1. Government Department / Entity | <i>LOW RISK</i> | | Yes | | No |
| 2. Public listed company | <i>LOW RISK</i> | | Yes | | No |
| 3. Private limited company | <i>MEDIUM RISK</i> | | Yes | | No |
| 4. Non-Governmental Organization (NGO) | <i>HIGH RISK</i> | | Yes | | No |
| 5. Trust / Charity | <i>HIGH RISK</i> | | Yes | | No |
| 7. Individual | | | Yes | | No |

| C. CONFIRMATION of physical presence of customer when opening account | YES | NO |
|--|-----|----|
| | | |

D. OTHER COMMENTS

| | | | |
|----------------------|-------------------------------------|------------------|-------------|
| Completed by: | | | |
| | <i>Name of Sales Person / Agent</i> | <i>Signature</i> | <i>Date</i> |

| | | | |
|--------------------|----------------------------------|------------------|-------------|
| Checked by: | | | |
| | <i>Name of Compliance Person</i> | <i>Signature</i> | <i>Date</i> |

Sub: Closing Of Trading: Cdc Account

To,
Akhai Securities (Private) Limited
TREC Holder/Stock Broker: Pakistan Stock Exchange Ltd.

Dear Sir,

I Request you to Kindly Close My Account Title _____

With C.N. I. C. # _____ As Soon As Possible. I Have No Claims.
Losses, Damages, Costs, Etc. Arising Out Of The Opening And Maintenance Of My / Our - Sub - Account / Group Account
And / Or Servicing My / Our Orders By Akhai Securities (Private) Limited.

Thanking You,
Your Truly,

Client Signature

Name (Authorise Person) _____

Sub Account No. _____

C.N.I.C. No. _____

Signature _____

For Office Use

Remarks _____

Account Closed by _____ Date _____

Signature _____ Transaction ID _____