

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

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

**(Sub-Accounts are opened and maintained by Participants in accordance with the CDC Regulations made pursuant to Section 4 of the Central Depositories Act, 1997)**

Nature of Account	<input type="checkbox"/> Single	<input type="checkbox"/> Joint			
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*(Please use BLOCK LETTERS to fill the form)*

I/We hereby apply for opening of my/our Sub-Account under the Account Family of Yasir Mahmood 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												
<b>1. Full name of Applicant (As per CNIC / NICOP / Passport) MR. / MRS. / MS.</b>												
<b>2. Father's / Husband's Name:</b>												
<b>3. Contact Details of Main Applicant:</b>												
(a) Permanent Address: <i>(Address should be different from Participant's business address)</i>												
(b) Mailing Address:												
(c) Contact No:				(d) Fax: (optional)				(e) Email: (optional)				
<b>4. Computerized National Identity Card No:</b> <i>(For resident Pakistani)</i>												
<b>5. Expiry date of CNIC:</b>												
<b>6. NICOP No:</b> <i>(For non-resident Pakistani)</i>												
<b>7. Expiry date of NICOP:</b>												
<b>8. Passport details:</b> <i>(For a foreigner or a Pakistani origin)</i>				Passport Number:				Place of Issue:				
				Date of Issue:				Date of Expiry:				
<b>9. Details of Contact Person:</b> [Note: Contact Person shall not be the person other than the Main Applicant, any one of the Joint Applicant or their Attorney. Where Contact Person is the Main Applicant or any of the Joint Applicant, please only provide the name below. In case of Attorney, please provide details in (a) to (h) below]												
(a) Name: MR. / MRS. / MS.												
(b) Relationship/ association of the Attorney with the Main Applicant:												
(c) Address:												
(d) Computerized National Identity Card No:												
(e) Expiry date of CNIC:												
(f) Contact No:				(g) Fax: (optional)				(h) Email: (optional)				
<b>10. Share holder's Category:</b> <span style="float: right;"><b>INDIVIDUAL</b></span>												
<b>11. (a) Occupation:</b> <i>[Please tick (✓) the appropriate box]</i>	AGRICULTURIST		BUSINESS		HOUSEWIFE			HOUSEHOLD				
	RETIRED PERSON		STUDENT		BUSINESS EXEC.			INDUSTRIALIST				
	PROFESSIONAL		SERVICE		OTHERS (specify)							
(b) Name of Employer / Business:							(c) Job Title / Designation:					
(d) Address of Employer / Business:												

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

Participant

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**B. REGISTRATION (AND OTHER) DETAILS OF THE JOINT APPLICANT(S)****PERSONAL INFORMATION – JOINT APPLICANT NO. 1**

<b>1. Full name of Applicant (As per CNIC / NICOP / Passport) MR. / MRS. / MS.</b>															
<b>2. Father's / Husband's Name:</b>															
<b>3. Permanent Address:</b> <i>(Address should be different from Participant's business address)</i>															
<b>4. (a) Contact No:</b>				<b>(b) Fax: (optional)</b>					<b>(c) Email: (optional)</b>						
<b>5. Computerized National Identity Card No:</b> <i>(For resident Pakistani)</i>															
<b>6. Expiry date of CNIC:</b>															
<b>7. NICOP No:</b> <i>(For non-resident Pakistani)</i>															
<b>8. Expiry date of NICOP:</b>															
<b>9. Passport details:</b> <i>(For a Foreigner or a Pakistani origin)</i>				Passport Number:					Place of Issue:						
				Date of Issue:					Date of Expiry:						
<b>10. (a) Occupation:</b> <i>[Please tick (✓) the appropriate box]</i>				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:															

**PERSONAL INFORMATION – JOINT APPLICANT NO. 2**

<b>1. Full name of Applicant (As per CNIC / NICOP / Passport) MR. / MRS. / MS.</b>															
<b>2. Father's / Husband's Name:</b>															
<b>3. Permanent Address:</b> <i>(Address should be different from Participant's business address)</i>															
<b>4. (a) Contact No:</b>				<b>(b) Fax: (optional)</b>					<b>(c) Email: (optional)</b>						
<b>5. Computerized National Identity Card No:</b> <i>(For resident Pakistani)</i>															
<b>6. Expiry date of CNIC:</b>															
<b>7. NICOP No:</b> <i>(For non-resident Pakistani)</i>															
<b>8. Expiry date of NICOP:</b>															
<b>9. Passport details:</b> <i>(For a Foreigner or a Pakistani origin)</i>				Passport Number:					Place of Issue:						
				Date of Issue:					Date of Expiry:						
<b>10. (a) Occupation:</b> <i>[Please tick (✓) the appropriate box]</i>				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:															

**PERSONAL INFORMATION – JOINT APPLICANT NO. 3**

<b>1. Full name of Applicant (As per CNIC / NICOP / Passport) MR. / MRS. / MS.</b>															
<b>2. Father's / Husband's Name:</b>															
<b>3. Permanent Address:</b> <i>(Address should be different from Participant's business address)</i>															
<b>4. (a) Contact No:</b>				<b>(b) Fax: (optional)</b>					<b>(c) Email: (optional)</b>						
<b>5. Computerized National Identity Card No:</b> <i>(For resident Pakistani)</i>															
<b>6. Expiry date of CNIC:</b>															
<b>7. NICOP No:</b> <i>(For non-resident Pakistani)</i>															
<b>8. Expiry date of NICOP:</b>															
<b>9. Passport details:</b> <i>(For a Foreigner or a Pakistani origin)</i>				Passport Number:					Place of Issue:						
				Date of Issue:					Date of Expiry:						
<b>10. (a) Occupation:</b> <i>[Please tick (✓) the appropriate box]</i>				AGRICULTURIST			BUSINESS			HOUSEWIFE			HOUSEHOLD		
				RETIRED PERSON			STUDENT			BUSINESS EXEC.			INDUSTRIALIST		
				PROFESSIONAL			SERVICE			OTHERS (specify)					
(b) Name of Employer / Business:							(c) Job Title / Designation:								
(d) Address of Employer / Business:															

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

Participant

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C. OTHER INFORMATION																							
<b>1. Dividend Mandate</b> [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:																							
<b>2. National Tax No: (Optional)</b>																							
<b>3. Nationality:</b>																							
<b>4. Residential Status</b> [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"/>													
<b>5. If you are maintaining any Special Convertible Rupee Account ("SCRA"), please provide details in (a) to (c):</b>				(a) SCRA Account No:				(b) Bank Name:															
				(c) Branch Details:																			
<b>6. Zakat Status:</b>						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																	
<b>7. Particulars of nominee (Optional but if desired, nomination should only be made in case of sole individual and not joint account)</b>																							
<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>												(a) Name of Nominee:											
												(b) Father's/Husband's Name:											
												(c) Relationship with Main Applicant: [Please tick (✓) appropriate box]						<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: (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)																							
<b>D. CDC SMS / IVR/ WEB SERVICES ("CDC access")</b>																							
CDC provides <b>FREE OF COST</b> services under CDC access whereby sub-account holders can have real time access to their account related information.																							
<b>1. SMS is part of such service, where alerts are sent whenever certain activities take place in a sub-account including securities movement, pledge etc.</b>																							
(a) For SMS Service, please provide local mobile number of your Contact Person:																							
(b) If you do not wish to subscribe to SMS Service, please sign here:																							
<b>2. Do you wish to subscribe to free of cost IVR Service?</b> [Please tick (✓) the appropriate box]						<input type="checkbox"/> Yes		<input type="checkbox"/> No															
<b>3. Do you wish to subscribe to free of cost Web Service?</b> [Please tick (✓) the appropriate box]						<input type="checkbox"/> Yes		<input type="checkbox"/> No															
<b>4. If you are subscribing to IVR and/or Web Service, please provide following details of your Contact Person:</b>																							
(a) Date of Birth (DD / MM / YYYY)																							
(b) Mother's Maiden Name:						(c) Email Address:																	

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

Participant

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**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](http://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:
<b>For and on behalf of</b> <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.		
<b>Name of Participant:</b>		<b>Date:</b>
<b>Participant's Seal &amp; Signature:</b>		
<b>Witnesses:</b>		
<b>1. Name:</b>		
Signature:	CNIC No:	- - - - -
<b>2. Name:</b>		
Signature:	CNIC No:	- - - - -

**Enclosures:**

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.

Signatures:

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

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

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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)]	<b>Participant's Seal &amp; Signature:</b>
1.	
2.	
3.	
4.	

## Mode of Confirmation

This pertains to Clause (3) of Standardized Account Opening Form (SAOF), under which Yasir Mahmood Securities (Pvt) Ltd. shall provide a written Confirmation of the executed transactions as required under Rules 4(4) of the Securities and Exchange Rules 1971. The clause (16) of SAOF pertaining to mode of confirmation is reproduced here for ready reference.

“Acceptable mode of communication between the Account Holder(s) and Yasir Mahmood Securities (Pvt) Ltd. shall be through letter (courier/registered post/fax or E-mail) or by hand subject to receipt/acknowledgement. The onus of proving that the recipient has received the E-mail shall be on the sender, sending the E-mail.”

I hereby unconditionally and irrevocably direct Yasir Mahmood Securities (Pvt) Ltd. to send Confirmation on my following E-mail :-

address.\_\_\_\_\_.

Yasir Mahmood Securities (Pvt) Ltd. will only be responsible for sending the confirmation at the above mentioned E-mail Address. It will be the responsibility of Account Holder(s) to check confirmation received and keep his E-mail Account operational.

However this does not preclude Yasir Mahmood Securities (Pvt) Ltd. from sending Confirmations, notices or any other communication through other means of communications i.e. Fax, courier/Registered mail. I hereby authorize Yasir Mahmood Securities (Pvt) Ltd. to deduct/debit my Account against the cost (deemed appropriate) for any correspondence.

Signature\_\_\_\_\_

A/c No.\_\_\_\_\_

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

**Yasir Mahmood Securities (Pvt) Limited,**  
Suit No.103, 1<sup>st</sup> Floor, Gulberg Arcade,  
Main Market, Gulberg-II, Lahore.

**Subject : Latest Information Provided in  
New CDC Sub-account Opening Form**

Sir,

This is to inform you that the information provided by me/us in the CDC Sub-Account Opening Form is the latest information. Kindly treat this information as the relevant information for my Brokerage/Trading account with you.

This is to request you to update my record wherever applicable according to new CDC Sub-Account Opening Form.

Thanking you,

Signature

✓

Client A/c No. \_\_\_\_\_

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

Date: \_\_\_\_\_

**Yasir Mahmood Securities (Pvt) Limited,**  
Suit No.103, 1<sup>st</sup> Floor, Gulberg Arcade,  
Main Market, Gulberg-II, Lahore.

Subject: **Receipt Of Password For Checking Accounts**

Dear Sir,

I hereby acknowledge that I have understood the procedure and received a password for checking my accounts/portfolio via website [www.invest.pk](http://www.invest.pk). I have requested that Confirmations be sent to me only through e-mail on my designated email address:-

\_\_\_\_\_.

In case, I do not receive an e-mail for any reason, I undertake to check my account through the website on a daily basis.

I understand that it is my contractual obligation to report (in writing) any error within one business day of the receipt of Confirmation. In case I fail to 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).

Client Signature: \_\_\_\_\_ ✓

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

Account No. \_\_\_\_\_

Date: \_\_\_\_\_