

Annexure A
FOR INTERNAL USE ONLY

KYC / CDD Checklist

| | | |
|------|---------------|-----------------|
| Date | Account Title | Account / UIN # |
|------|---------------|-----------------|

SECTION A

| Minimum Information / Documents to be provided by Investor | | | | |
|--|----------|--|--|---|
| | Pls tick | | Pls tick | Pls tick |
| 1. Individuals/Sole Proprietorships | | 2. Partnerships | | 3. Institutions/Corporates |
| CNIC of Principal and Joint Holders / Passport for Foreign Nationals / NICOP for non-resident Pakistanis | | CNICs/NICOP of all partners, as applicable | | CNIC / NICOP of Authorized Signatories and Directors |
| Proof of Employment/Business | | Partnership Deed | | List of Directors and Officers |
| NTN Certificate, where available | | Latest financial statements | | NTN Certificate |
| | | Certificate of Registration (in case of registered partnership firm) | | Documentary evidence of Tax Exemption (if applicable) |
| | | NTN Certificate | | Certificate of Incorporation |
| | | | | Certificate of Commencement of Business |
| | | | Certified Copy of Board Resolution | |
| | | | Memorandum & Articles of Association/ Bye Laws/ Trust Deed | |
| | | | Audited Accounts of the Company | |
| 4. Trusts | | 5. Clubs Societies and Associations | | 6. Executors/Administrators |
| CNICs of all trustees | | Certified copy of certificate of Registration | | CNICs of all Executors/Administrators |
| Certified copy of the Trust Deed | | List of members | | Certified copy of Letter of Administration |
| Latest financials of the trust | | CNIC/NICOP of members of Governing Board | | |
| Documentary Evidence of Tax Exemption (if applicable) | | Certified copy of bylaws/rules and regulations | | |
| Trustee/Governing Body Resolution | | Copy of latest financials of Society/Association | | |
| | | Board/Governing Body Resolution | | |
| If documents / information is complete, proceed to Section B | | | | |
| List any missing documents / information below: | | | | |
| 1 | | | | |
| 2 | | | | |
| If ANY document or information is missing, proceed to Section G.4 | | | | |

SECTION B

| Assessment of information provided in section A | | |
|--|-----|----|
| Based on information provided in A, | | |
| 1. Is the investor also the ultimate beneficiary of the funds to be invested If NO, joint account should be opened or power of attorney be provided by ultimate beneficiary with relevant documentary details of the beneficiary | YES | NO |
| 2. In case the Investor is a private company , IS the latest shareholders' list available | YES | NO |
| 3. 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 |
| If the answer to any of the above questions was 'NO', go to section G.3 or G.4, otherwise go to Section C | | |

SECTION C

| Risk Category of Investor | Please tick box | | |
|---------------------------------------|--------------------------|---------------------------|--------------------------|
| 1. Government Department/Entity | <input type="checkbox"/> | <i>LOW RISK</i> | <i>Go to Section G.1</i> |
| 2. Public listed company | <input type="checkbox"/> | <i>LOW RISK</i> | <i>Go to Section G.1</i> |
| 3. Private limited company | <input type="checkbox"/> | <i>MEDIUM RISK</i> | <i>Go to Section G.2</i> |
| 4. Non-Governmental Organization(NGO) | <input type="checkbox"/> | <i>HIGH RISK</i> | <i>Go to Section G.3</i> |
| 5. Trust/Charity | <input type="checkbox"/> | <i>HIGH RISK</i> | <i>Go to Section G.3</i> |
| 6. Unlisted Financial institution | <input type="checkbox"/> | | Go to Section D |
| 7. Individual | <input type="checkbox"/> | | <i>Go to Section E</i> |

SECTION D

| Unlisted Private Financial Institution (NBFI) | | |
|--|--------------------------------------|----|
| Is the unlisted private financial institution domiciled in Pakistan and is regulated by the SECP/State Bank of Pakistan(SBP) | YES | NO |
| OR Is it domiciled in a FATF member country that is satisfactorily following the FATF recommendations and is supervised by a regulatory body | YES | NO |
| If YES, proceed to Section G.1 | If NO, proceed to Section G.3 | |

SECTION E

| Individual | | |
|---|-----|----|
| 1. Is the person a non-resident Pakistani | YES | NO |
| 2. 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/ i | YES | NO |
| 3. Is the person involved in dealing in high value items (<i>based on declared occupation</i>) | YES | NO |
| 4. Is the person a foreign national | YES | NO |
| 5. Does the person appear to have links or money transfer to/from offshore tax havens or belongs to country(s) where KYC/CDD and anti money laundering regulations are lax (in terms of not sufficiently applying FATF recommendations) | YES | NO |
| 6. Is there any reason to believe that the person has been refused account opening by another financial institution / brokerage house | YES | NO |
| 7. Is the person opening the brokerage account on a non-face-to-face basis/on-line | YES | NO |
| If the response to any question (1-7) above was 'YES', proceed to Section G.3 | | |
| 8. Is the person a holder of a senior level public (government) office i.e. a politically exposed person (PEP) or a family member of PEP. | YES | NO |
| 9. Is the person a holder of high profile position (e.g. senior politician) | YES | NO |
| If the response to any question (8-9) above was 'YES', proceed to Section F, else proceed to Section G.1 | | |

SECTION F

| Politically Exposed Person / Foreign National / Holders of High Profile Position | | |
|---|--------------------------------------|----|
| 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 (<i>approval shall be provided by management through signing the respective Account Opening Form</i>) | YES | NO |
| If YES, proceed to Section G.3 | If NO, proceed to Section G.4 | |

SECTION G

| Investor Risk Profile | | |
|-----------------------|---------------------|---|
| | Risk Classification | KYC Requirements |
| G.1 | LOW RISK | Reduced KYC Requirements shall be applicable: Invest or account can be opened once information/documents mentioned in section A have been provided. |
| G.2 | MEDIUM RISK | Greater care required and documents listed in Section A should be obtained before opening of account. |
| G.3 | HIGH RISK | <p>Enhanced KYC Requirements shall be applicable:</p> <p>Investor account can be opened once information/documents mentioned in section A have been provided.</p> <p>Transactions shall be monitored to ensure that the funds used for investments are from an account under the Investor's own name in a financial institution (e.g.bank) subject to high due diligence standards and the amount and frequency of investments are not unusual given the nature and financial strength of the Investor</p> |
| G.4 | HIGH RISK | Account cannot be opened as KYC Requirements have not been fulfilled. |

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

Other Comments

| | | | |
|----------------------|----------------------------|-----------|------|
| Completed by: | Name of Sales Person/Agent | Signature | Date |
| Checked by: | Name of Compliance Person | Signature | Date |