

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

FIKREE'S (SMC-PVT) LIMITED
CORPORATE TRE CERTIFICATE HOLDER
639, Stock Exchange Building,
Off: I. I. Chundrigar Road,
KARACHI-74000

SUB-ACCOUNT OPENING FORM FOR INDIVIDUALS

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

Nature of Account	Single	Joint
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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 **FIKREE'S (SMC-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: (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:																								
(f) Contact No:				(g) Fax: (optional)				(h) 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:																								

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

Participant

① ✓

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: (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 business address)

4. (a) Contact 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 business address)

4. (a) Contact 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

②✓

