

KNOW YOUR CLIENT (KYC) APPLICATION FORM

FOR INDIVIDUALS

ase fill this form in English and in BLOCK LETTERS

IDENTITY DETAILS

Name of the Applicant: _____

Father's / Spouse Name: _____

Gender : Male/ Female b. Marital status: Single / Married c. Date of birth: _____ (dd/mm/yyyy)

Nationality _____ b. Status: Resident Individual/Non Resident/Foreign National

CNIC _____ b. Unique Identification Number if any : _____

Specify the proof of Identity submitted: _____

ADDRESS DETAILS

Address for correspondence: _____

City/town/village: _____ Postal Code: _____ State: _____ Country: _____

Contact Details: Tel. (Off.) _____ Tel. (Res.) _____ Mobile No.: _____ Fax: _____ Email id: _____

Specify the proof of address submitted for correspondence address : _____

Permanent Address (if different from above or overseas address, mandatory for Non-Resident Applicant): _____

City/town/village: _____ Postal Code: _____ State: _____ Country: _____

Specify the proof of address submitted for permanent address: _____

OTHER DETAILS

Gross Annual Income Details (please specify): Income Range per annum: Below Rs 1 Lac / 1-5 Lac /5-10 Lac / 10-25 Lac / >25 Lacs or Net-worth as on (date) dd/mm/yyyy)(Net worth should not be older than 1 year)

Occupation (please tick any one and give brief details): Private Sector/ Public Sector/ Government Service/Business/ Professional/ Agriculturist/ Retired/ Housewife/ Student/ Others _____

Please tick, if applicable: Politically Exposed Person (PEP)/ Related to a Politically Exposed Person (PEP)

Any other information: _____

Have you or any of your immediate family member been associated with a listed company in the last six months

YES NO

Have you or any of your immediate family member been a Broker/Trader in the last six month:

YES NO

Axis Global Limited Know Your Customer (KYC) and Customer Due Diligence (CDD) policies and procedures

OTHER DETAILS

I hereby declare that the details furnished above are 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 false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Signature of the Applicant [✓] _____

Date: _____ (dd/mm/yyyy)

OFFICE USE ONLY

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

Document copies received

Signature of the Authorized _____

Date (dd/mm/yyyy) _____

Seal/Stamp of the intermediary