

# Know Your Customer (KYC) Customer Due Diligence (CDD) Form

**Fairtrade Capital Securities (Pvt.) Limited**

Please Complete this Form in Block Letters

Date : 

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

Name (Mr./Mrs./Ms.)																								
CNIC No.																								
Father / Husband Name																								
Marital Status:	Single								Married								No. of Dependents							
Education / Courses:																								
Res. No.																								
E-mail																								
Current Address																								
City													Postal Code						Country					
Permanent Address																								
City													Postal Code						Country					
Nationality	Pakistani								Others (please specify)															
Occupation	Service				Self Employment								House Wife				Others (Please specify)							
Source of Income	Salary/wages				Business								Inheritance				Savings				Remittances			
	Others (specify)																							
Nature of Business																								
Montly Income																								
Expected Investment																								
Client's Risk Profile																								
How did you find us?																								

## Section 2: Institutional Client

Institution Category																								
Institution Name																								
Registered Address																								
Registration No.																								
Contact person Name																								
Mobile/ E-mail																								
Designation																								
Address																								
How did you find us?																								

## Section 3: Declaration

a) Has any Financial Institution ever refused to open your account (For both Individual & Institutional Clients)?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
b) Do you hold a position in any political party/public office or hold a high profile position?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
c) Do you agree to submit source of wealth/funds to us on regular basis (only applicable to clients specified in b) above..?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
d) Do you have any business relationship or transactions in/from offshore Tax Haven countries (for both Individual & Institutional Clients)?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
e) Do you deal in high value items i.e. Gold, Silver, Diamonds etc.?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
f) Are you opening an account with Fairtrade Capital Securities (Pvt) Ltd. on behalf of any other person (third party account with Fairtrade Capital Securities (Pvt) Ltd. cannot be opened)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
g) Do you belong to countries where Anti Money Laundering regulation are Ignored ?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

I/We hereby declare that the above information is true and correct to the best of my/our knowledge and I/We shall immediately update MAHA Securities (Pvt) Ltd. if any changes occur.

Name	Signature
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## For Official Use Only

Client assigned to Trader																								
Branch Address:																								
CDC - Account No																								
Trading Account No.																								
Remarks																								

Check By: