

TREC HOLDER / CORPORATE BROKER: THE KARACHI STOCK EXCHANGE LTD.

432-433, 4th Floor, Stock Exchange Building, Stock Exchange Road, Karachi. Tel: 32418253, 32428669 Fax: 32410313 E-mail: bawainform@gmail.com Web: www.bawasecurities.com

Broker Registration No.: BRK-26 CDC Participant I.D. No.: 04143

Joint

Single

Nature of Account

For official use of the Participant only							
Application Form No:							
CDS Participant ID:	04143						
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)

(P I/We hereby apply for opening of my/ (hereinafter referred to as "Participant Company of Pakistan Limited ("CDC"	our Su	ıb-Ac	count u	inder	tral Dar	ount F	amily		BAWA ("CDS	SEC (3") of t	URI he C	Γ IES (entral	PVT) Dep	LTD.
A. REGISTRATION (AND OTHER)	DETAI	LS C	F MAII	N APF	PLICAN	Т						Y X		
1. Full name of Applicant (As per CNIC / NIC	OP / Pa	ssport) MR. / MI	RS. / MS	S.							1815 8315		
2. Father's / Husband's Name:							-			-				
3. Contact Details of Main Applicant:										***************************************				
(a) Permanent Address: (Address should be different from Participant's address)														
(b) Mailing Address:													-	
(c) Contact No: Land Line No.: Local Mobile No.(*)	Land Line No.: (e) Email: (*)													
4. Computerized National Identity Card No:			Т			1			T			1		
(For resident Pakistani) 5. Expiry date of CNIC:													_	
NICOP No: (For non-resident Pakistani)	T				T-	1						T	Ι_	T
7. Expiry date of NICOP:									-9					
8. Passport details:	Passport Number: Place of Issue:													
(For a foreigner or a Pakistani origin)	Date	of Issi	ue:				Date	of Exp	oiry:	-				-
9. Details of Contact Person: [Note: Contact Person is the Main Applicant of in (a) to (h) below]	erson shor	all not the Joi	be the per nt Applica	rson oth nt, pleas	er than the se only pro	Main A	Applican e name	t, any o below.	one of i	the Joint of Attor	Applic ney, p	cant or to	heir At rovide	orney. details
(a) Name: MR. / MRS. / MS.														
(b) Relationship/ association of the Attorney with	the Main	Applic	cant:											
(c) Address:														
(d) Computerized National Identity Card No:							Τ						_	
(e) Expiry date of CNIC:														
(f) Contact No: Land Line No.: Local Mobile No.(*)	(g) Fa	ax: (opi	tional)				(h) Email: (*)							
10. Share holder's Category:			IN	DIVID	UAL									
11. (a) Occupation:	A	GRIC	ULTURIST	Г	BUSINE	SS		ноц	JSEWI	FE		Hous	EHOLI)
[Please tick (\separation:	F	RETIRE	D PERSON	1	STUDEN	IT		BUS	SINESS	EXEC		INDUS	TRIAL	IST
	F	ROFE	SSIONAL		SERVICI	E		OTH	IERS (specify)				
(b) Name of Employer / Business:					(c) Job T	itle / De	esignati	on:			1,			
(d) Address of Employer / Business:									-					
Must be filled, its mandatory Main Applicant Joint Applica	nt 1		Joint A	Applica	ant 2	,	Joint ,	Applic	cant 3	3	-	Parti	icipar	nt
Signature Signature			S	ignature				Signature		_		Sig	nature	

B. REGISTRATION (AND OTHER) DI															
PERSON						TAF	PLIC	ANT	NO.	1					20.
Full name of Applicant (As per CNIC / NICOI	P / Pass	port) MI	R. / MRS	6. / MS			,								
Father's / Husband's Name:															
Permanent Address: (Address should be different from Participant's addre	ss)				_										
(a) Contact No. Land Line No.	ocal Mobil	e No.(*)			(b) F	o) Fax: (optional)				(c) Email: (*)					
Computerized National Identity Card No: (For resident Pakistani)						-								_	
Expiry date of CNIC:															
NICOP No: (For non-resident Pakistani)						-								_	
Expiry date of NICOP:															
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(For a foreigner or a Pakistani origin)	Date of	of Issue	:			Date of E				of Expiry:					
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0. (a) Occupation: [Please tick (✓) the appropriate box]	R	RETIRED PERSON			ST	UDEN.	Т		BUS	INES	EXEC		INDUS	STRIAL	LIST
h iosaa iiii li y iii shka sh	P	ROFES	SIONAL		SE	RVICE			OTH	IERS (specify)		34	
b) Name of Employer / Business:					(c)	Job Ti	tle / De	esignatio	on:						
d) Address of Employer / Business:															
PERSON	VAL IN	IFORI	VIATIO	N	JOII	NT A	PPLI	CANT	NO.	2					32.6
. Full name of Applicant (As per CNIC / NICC									-						
. Father's / Husband's Name:															
. Permanent Address:															
(Address should be different from Participant's address. (a) Contact No. Land Line No.					Fax: (op	tional)			(c) Em	ail: (*)					
Computerized National Identity Card No:	Local Mob	10.()			11-7	_				1-7				_	T
(For resident Pakistani)															
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(For non-resident Pakistani)									L				_		
Expiry date of NICOP:	Dono	port Nui	mbor					Place	of Iss	sile.					
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(, or a sarage)	-		JLTURIS	т	D	USINE	ee			USEW	IFF.	3	ноп	SEHOI	D
10. (a) Occupation:	-		PERSO		STUDENT						NESS EXEC			INDUSTRIALIS	
[Please tick () the appropriate box]			SSIONA		SERVICE			OTHERS (sp				ifv)			
		PROFE	SSIONA		(c) Job Title / Designation										
(b) Name of Employer / Business:				-	(0) 300	Title / D	resignat		1,000					
(d) Address of Employer / Business:						D 1 475 . D			- NO	2			g-steve		
PERSO						NIA	PPL	CAN	NU	. 3			V 10 10 10	A 14 PAN	to to
1. Full name of Applicant (As per CNIC / NIC	OP / Pas	sport) l	MR. / MI	RS. / IV	15.										
2. Father's / Husband's Name:															
 Permanent Address: (Address should be different from Participant's add 										T					
4. (a) Contact No. Land Line No.	Local Mo	bile No.(*)		(t) Fax: (c	ptional)			(c) E	mail: (*)	1			_
5. Computerized National Identity Card No: (For resident Pakistani)						_									
6. Expiry date of CNIC:						_			1	1		T			\top
7. NICOP No: (For non-resident Pakistani)						_						-			
8. Expiry date of NICOP:															
9. Passport details:	Pass	sport Nu	umber:						e of Is						
(For a foreigner or a Pakistani origin)	Date	e of Issu	ie:					Date	of Ex	piry:			T Z		
40. (.) O		AGRIC	ULTURI	ST	E	BUSINE	ESS		Н	DUSEV	VIFE			JSEHO	
10. (a) Occupation: [Please tick (✓) the appropriate box]		RETIRE	D PERSO	NO	5	STUDE	NT				SS EXE		IND	USTRI	ALIS
		PROFE	SSION	AL	5	SERVIO	CE		0	THERS	s (speci	fy)			
(b) Name of Employer / Business:					(c) Job	Title /	Designa	tion:						
(d) Address of Employer / Business:															
Main Applicant Joint Applic	cant 1		Join	t App	licar	nt 2		Join	t App	lican	t 3		Pa	articip	
Signature Signature	9	-		Signat	ure				Signal	ure				Signatu	re

C. OTHER INFORMATION											
1. Dividend Mandate [Please tick (🗸) t	he appropriate box]	Yes No		If yes, p	lease provid	le followir	ng details:				
(a) Account Title:			(b) /	(b) Account No:							
(c) Name of Bank:			(d) I	(d) Branch:							
(e) Address:									-		_
2. National Tax No: (Optional)											-
3. Nationality:											
4. Residential Status [Please tick (✓) th	ne appropriate boxl	Resider	nt	Non	-Resident	D.	on odviolal a		N		
	Pakistani			IVOII	resident	t Repatriable			Non-	Repati	riable
	Pakistani Origin					-					
	Foreign National		******			-					
5. If you are maintaining any Special	(a) SCRA Account	No		/b\ D=	mle NI						
Convertible Rupee Account ("SCRA") please provide details in (a) to (c):	(c) Branch Name:			(b) ba	nk Name:		***************************************				
product details in (a) to (c).	(c) Branch Name.								all all p		- 1-17
6. Zakat Status:					The state of the s	Charles of the ex-) the app	ropria	te bo	x)	
(If, according to the Figh of the Applic	ant/a) Zakat dadusti	I I P			Muslim Za						
then relevant Declaration on prescribed for	ormat shall be submitte	on is not applica ed with the conce	able, erned		Muslim Za	7 Water 7 To Street	-payable				
Issuer and the Participant)					Non-Musli	m					
					Not Applic	cable					
	(a) Name of Nomir										
	(b) Father's/Husba	nd's Name:									
	(c) Relationship wi	th Main Applies	nt:		Spouse		Father			Moth	er
Particulars of nominee (Optional but if desired, nomination should only	[Please tick (🗸)	the appropriate	box]		Brother		Sister			Son*	
be made in case of sole individual					Daughter*	*Inclu	ding step	or ado	pted	child	
and not joint account)	(d) Address:										
In case of death of Sub-Account Holder:	(e) CNIC No: (in case of a reside	nt Pakistani)				-				-	- [
Nomination may be made in terms of	(f) Expiry date of (CNIC:									
requirements of Section 80 of the Companies Ordinance, 1984, which inter alia requires	(g) NICOP No: (in case of a non-re	sident Pakistani)				-				-	T
hat person nominated as aforesaid shall not	(h) Expiry date of N	IICOP:					**				
ne a person other than the following relatives of the Sub-Account Holder, namely: a spouse,				Passpo	rt Number:	¥.					
ather, mother, brother, sister and son or	(i) Passport details:			Place o	f Issue:						
daughter, including a step or adopted child.]	(In case of a foreigne	er or a Pakistani origi	n)	Date of	Issue:						
				Date of	Expiry:						
	(j) Contact No:			(I) E-mail: (optional)							
	(k) Fax: (optional)										
). CDC SMS / IVR/ WEB SERVICES ("CDC	access")										
DC provides FREE OF COST services unde	er CDC access whereb	y sub-account h	olders	can have	real time ac	cess to t	heir accour	nt relat	ed inf	ormatic	חח
(a) SMS or eAlert/eStatement is a mandato where your account balance statement service as a mandatory requirement. Y	ry service, where alerts	are sent whene	ver cei	4-1	<i>t</i> '						
Short Messaging Service (SMS)		obile No. (*)				1 0 0	415				
eAlert / eStatement Service		nail Address (*)				or Part B	tact Person of this Fo	n as pi rm, as	the c	d in Pa ase ma	rt A ly be
(b) If you have subscribed for eStatement, eStatement: [Please tick (✓) the approximation of the content of	please specify the free	nuency of	Monthl	у		Quarterl	у				
Do you wish to subscribe to free of cos						Yes				No	
Do you wish to subscribe to free of cos	st Web Service? [Plea	se tick (🗸) the a	appropr	iate box]		Yes	Г			No	
If you are subscribing to IVR and/or We	b Service, please pro	ovide following	details	s of your	Contact Pe	rson:					GR (SE
) Date of Birth (DD / MM / YYYY)	1			1							
) Mother's Maiden Name:		(c)	Email this F	Address orm, as th	of contact F ne case may	Person as be)	provided i	n Part	A or I	Part B	of
vlain Applicant Joint Appl	licant 1 Jo	oint Applicar	nt 2		Joint Appl	licant 3	3	F	Partic	ipant	:
Signature Signatu		Signature			Signatu				Signa		

. Signatory(ies) to give instruction to the Participant pertaining		Name of Si	gnatory(ies)	S	ecimen	Signatur	е		
to the operations of the Sub-Account.	(a)								
(Please specify sub- account operating instructions in the relevant column along with names and specimen signatures	(b)								
of authorised signatories)	(c)								
	(d)								
Sub-Account Operating Instructions:		Either (Singly) or	Survior		Attorney				
[Please tick (✓) the appropriate box]		Jointly [any]			Any other				
			Pleas	Please specify:					
: BANK VERIFICATION			•						
The following information is required to be verified by the Bank N	lanager on	ly where the Main A	oplicant is maintaining b	ank account	:				
Particulars of Main Applicant:						er.			
Bank Account Title:	W Jar	CNIC No.		ПП		T	-		
Bank Account No:		ONIO NO.							
Address of Applicant:				unio di Concessioni					
Signature of Applicant:									
We do hereby verify the above particulars and signature of our a	bove acco	unt holder:							
Particulars of Bank Manager / Authorized Officer:									
Name:		Contact No(s):							
	Signature & Rubber Stamp:								
E-mail: G. AUTHORIZATION UNDER SECTIONS 12 AND 24 OF THE CD AND RECOVERY OF CHARGES AND LOSSES I/we the undersigned, hereby give my/our express authority to handle Book-entry Securities beneficially owned by me/us an	the Parti	CLUSIVELY FOR SE	TLEMENT OF UNDERL	he Cēntral	Deposito	ries Act, 1	99		
G. AUTHORIZATION UNDER SECTIONS 12 AND 24 OF THE CD AND RECOVERY OF CHARGES AND LOSSES I/we the undersigned, hereby give my/our express authority to handle Book-entry Securities beneficially owned by me/us an that are exclusively meant for the following purposes: a. For the settlement of any underlying market transaction. For pledge securities transactions with any Stock Exc (trades) to be settled through the Clearing Company for the recovery of payment against any underlying market. For the recovery of payment against any underlying market transactions with any Stock Exc (trades) to be settled through the Clearing Company for the recovery of payment against any underlying market transactions with any Stock Exc (trades) to be settled through the Clearing Company for the recovery of payment against any underlying market transactions with any Stock Exc (trades) to be settled through the Clearing Company for the recovery of payment against any underlying market transactions with any Stock Exc (trades) to be settled through the Clearing Company for the following purposes:	o the Partident of the trades on the trades of the trades	cipant under Section n my/our Sub-Accou i) including off mark a Clearing Company o time; chase transactions n	12 and Section 24 of the transactions made by relating to any of my/or made by me/us from time ub-Account under the Market Transactions made by me/us from time ub-Account under the Market Transactions and the Market Transactions are sections.	he Central articipant for me/us from underlying to time;	Depositor securitient time to g marke	ries Act, 1 ss transact time; transaction	99 tion		
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IMPORTANT

Please read and understand the Terms and Conditions before signing and executing this form

TERMS AND CONDITIONS

The Terms and Conditions set herein below shall govern the Sub-Account forming part of the Account Family of the CDS Participant Account of the Participant, which shall be binding on the Sub-Account Holder as well as the Participant:

- Provisions of the Central Depositories Act, 1997 ("the Act") and the Central Depository Company of Pakistan Limited Regulations ("the Regulations") as amended from time to time and the CDC's Operating Manual/Operating Instructions developed and issued pursuant thereto from time to time and any other by-laws, directives of the Securities and Exchange Commission of Pakistan issued from time to time, shall govern the opening, maintenance and operations of the Sub-Account.
- Each page of this form should be duly signed by the Applicant (and joint Applicants if any) and the Participant or any authorized person of the Participant.
- The Participant shall ensure provision of copies of all the relevant laws, rules and regulations at his office for access to the Sub-Account Holder(s) during working hours.
- The Participant shall provide a list of his authorized agents/traders and designated employees, who can deal with the Sub-Account Holder(s) from time to time. Any change(s) therein shall forthwith be intimated in writing to the Sub-Account Holder(s).
- The Registration Details and such other information specified by the Applicant in this form for opening of the Sub-Account appear in the Sub-Account to be established by the Participant in the Central Depository System who shall ensure the correctness and completeness of the same. Any change therein notified by the Sub-Account Holder from time to time in writing to the Participant shall reflect in the Sub-Account of such Sub-Account Holder.
- The Book-entry Securities owned by the Sub-Account Holder shall be exclusively entered in the Sub-Account of such Sub-Account Holder.
- Transfer, Pledge and Withdrawal of Book-entry Securities entered in the Sub-Account of the Sub-Account Holder shall only be made from time to time in accordance with the authorization given by the Sub-Account Holder to the Participant in Part (G) above pursuant to Section 12 and 24 of the Act. Such authorization shall constitutes the congregated / entire authorizations by the Sub-Account Holder(s) in favour of the Participant and supersedes and cancels all prior authorizations (oral, written or electronic) including any different, conflicting or additional terms which appear on any agreement or form the Sub-Account Holder(s) has executed in favour of the Participant.
- Participant shall be liable to give due and timely effect to the instructions of the Sub-Account Holder given in terms of the above-referred authorization with respect to transfer, pledge and withdrawal of Book-entry Securities entered in his Sub-Account under the control of the Participant. Such instructions, among other matters, may include closing of Sub-Account.
- Participant shall within 10 days of end of each quarter Account Balance statement to the Sub-Account Holder without any fee or charge showing the member of every Bank-entry Security entered in his Sub-Account as of the end of the preceding quarter. Such Account Balance statement shall be generated from the CDS. Further, the Sub-Account Holder may request for such statement (including Account Activity reports) from the Participant at any time on payment of a fee on cost basis as prescribed by the Participant. The Participant shall be liable to provide such report/statement to the Sub-Account Holder within 3 Business Days from the date of receipt of such request, with or without charges.
- 10. In consideration for the facilities and services provided to the Sub-Account Holder by the Participant, the Sub-Account Holder shall pay fees and charges to the Participant as applicable for availing such facilities and services under the Act, the Regulations and these Terms & Conditions. In case of outstanding payment against any underlying market purchase transaction, charges and/or losses against the Sub-Account Holder, the Participant shall have the right, subject to Clause 7 above and serving of prior written notice to the Sub-Account Holder to clear the payment, charges and/or losses (including any shortfall in margin requirements) within the reasonable time prescribed by the Participant, to dispose off the necessary number of Book-entry Securities of the Sub-Account Holder and apply the net proceeds thereof towards the adjustment of such outstanding payment, charges and/or losses, provided that the Participant shall report the disposal of such Securities to the relevant Stock Exchange as an off-market transaction where the Securities are transferred from the Sub-Account to the House Account of the Participant..
- 11. Participant shall have the right, subject to 20 Business Days prior written notice to the Sub-Account Holder to close the Sub-Account if it becomes dormant with no holding balances. No Sub-Account shall be treated as dormant unless there is no activity for continuous six months.
- Where admission of Participant to the CDS is suspended or terminated by the CDC, the Sub-Account Holder shall have the right, subject to the Regulations and the Procedures made thereunder, to request CDC to change his Controlling Account Holder and Participant shall extend full cooperation to the Sub-Account Holder in every regard, without prejudice to his right of recovery of any dues or receivable from the Sub-Account Holder.
- 13. In case of a Joint Account, all obligations and liabilities in relation to this Sub-Account or under these Terms and Conditions shall be joint and several.
- 14. These Terms and Conditions shall be binding on the Participant's nominee, legal representative, successors in interest and/or permitted assigns.
- 15. In the event of any conflict between these Terms and Conditions and the terms and conditions contained in Trading Account Opening Form or any other forms/authorizations prescribed by the Participant or otherwise, the Terms and Conditions contained herein shall prevail, insofar as it is related to the custodial services to be provided by the Participant under the legal framework of CDC.
- 16. The provision of services as provided for hereunder shall not constitute Participant as trustee and the Participant shall have no trust or other obligation in respect of the Book-entry Securities except as agreed by the Participant separately in writing.
- 17. The Participant is not acting under this application form as Investment Manager or Investment Advisor to the Sub-Account Holder(s).
- The Participant should ensure due protection to the Sub-Account Holder regarding rights to dividend, rights or bonus shares etc. in respect of transactions routed through him and not do anything which is likely to harm the interest of the Sub-Account Holder with/from whom it may have had transactions
- 19. Subject to Section 21 of the Act, Participant shall maintain complete confidentiality of any information or document that is in his knowledge or possession or control relating to the affairs of the Sub-Account Holder(s), and in particular, relating to their Sub-Account(s), and shall not give, divulge, reveal or otherwise disclose such information or document to any other person.
- 20. These Terms and Conditions shall be deemed to have been amended, altered and/or modified if rights and duties of the parties hereto are altered by virtue of change in law, rules, regulations etc. of SECP and/or articles, rules, regulations of the Stock Exchanges and/or the Act, CDC Regulations, CDC's Operating Manual/Operating Procedures and/or any circular, directive or direction issued therein, such changes shall be deemed to have been incorporated and modified the rights and duties of the parties hereto.
- 21. The Participant shall ensure that duly filled in and signed copy of this form along with the acknowledgement receipt is provided to the Sub-Account Holder.

Main Applicant	Joint Applicant 1	Joint Applicant 2	Joint Applicant 3	Participant
Signature	Signature	Signature	Signature	Signature
				PAGE 5/6

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, offices 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 which shall be deemed to have been read and agreed to by the Users before signing this form.

and terms of use as snall appear on the CDC website at v	/ww.cucaccess.cor	n.pk which	I SHall De	ucen	ied to i	iave be	CITTO	a and a	grocu	, Dy 111	0 00011		o orgini	·g		
Name of Applicant:				Date: Place:					Signatu	re						
Name of Joint Applicant No. 1:				Date: Place:					Signature							
Name of Joint Applicant No. 2:	me of Joint Applicant No. 2:							5	Signature							
Name of Joint Applicant No. 3:		Date: Place:					Signatu	ire								
For and on behalf of (In case if signed by the Altorney on behalf of the Applicant(s))																
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.										and						
Name of Participant:									Date:							
Participant's Seal & Signature:																
Witnesses:																
1. Name:																
Signature:	CNIC No.					-								_		
2. Name:																
Signature:	CNIC No.					-								_		
Duly notarised Power of Attorney* (if applicable) Zakat Declaration of the Applicant and the Joint Ap Attested copy of NTN Certificate (if applicable)	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) 5. Where the Applicant is a non-resident or foreign company/entity, duly consularized copy of Power of Attorney by the Consul General of Pakistan having jurisdiction over									over						
H. FOR THE USE OF PARTICIPANT ONLY																
Particulars of Sub-Account Opening Form verified	by:															
			Stan	mp:												
Application: Approved	Rejecte	d	Sign	nature	9: (Auth	orized S	ignatory)						Date:			
Sub-Account no. issued:																
Account opened by:																
Saved by:			_	ted b									Б.			
Signature:	Date:		Sigr	natur	e:								Date:			
Remarks: (if any)	Remarks: (if any)															



For official use of the Participant only							
Application Form No:							
CDS Participant ID:	04143						
Sub-Account No:							
Trading Account No: (if applicable)	,						

	Name of Signatory(ies)	Specimen Signatu				
(a)						
(b)						
(c)						
(d)						
	Either (Singly) or Survior		Attorney			
	Jointly [any]		Any other			
		Please	e specify:			
	(b)	(b) (c) (d) Either (Singly) or Survior	(b) (c) (d) Either (Singly) or Survior Jointly [any]			



BAWA SECURITIES (PVT) LTD.

ACKNOWLEDGEMENT RECEIPT								
Application No:	Date of receipt:							
I/We hereby confirm and acknowledge the receipt of duly filled and signed Sub-Account Opening Form from the following Applicant:								
[Insert Name of Applicant(s)]	Participant's Seal & Signature:							
1.								
2.								
3.								
4.								