

Know Your Customer (KYC) Form

Date: ____ - ____ - ____

Section 1-A: For Individuals

Name (Mr/ Mrs/ Ms): _____

Father's / Husband's Name: _____ JSIL Account No.: _____

Minor: Yes No Name of Guardian (in case of Minor): _____ Relationship with Minor (in case of Minor): _____

CNIC/ Passport No.: _____ CNIC Issue Date: _____ CNIC Expiry Date: _____ Date of Birth: _____
*(in case of Minor, provide B-Form number)

Religion: _____ Marital status: Married Single Nationality: _____ Resident: Yes No

Mailing Address: _____

Mobile No.: _____ Phone No.: _____ Email Address: _____

Source of Income: Salary Business Inheritance Savings/Investments Remittance Other, Please specify: _____

Occupation: Service Self-Employment House Wife Other, Please specify: _____

Monthly Income: Under Rs. 100,000 Under 500,000 Under 1,000,000 Over 1,000,000

Expected Investment: Under Rs. 100,000 Under 500,000 Under 1,000,000 Over 1,000,000

Section 1-B: For Institutions Only

Name of Institution: _____

Institution Category: _____ JSIL Account No. (For existing customers): _____

Registration No.: _____ NTN: _____

Legal Status: Company Partnership Employee Fund Trust Others, Please specify: _____

Parent Company Name: _____ Ultimate Beneficiary: _____

Registered Address: _____

Mailing Address: _____

Details of Contact Person

Contact Name: _____ Designation: _____

Mobile No.: _____ Phone No. (Office): _____ Email Address: _____

Section 2: Misc KYC Questions

- a) 1) Are you a resident/ national of any country other than Pakistan? (If "Yes", please fill point #2 below): Yes No
 2) Do you belong to a country that is not part of FATF (Financial Action Task Force*): Yes No
- b) Do you have any business relationship or transactions in/ from offshore Tax Haven countries? Yes No
- c) Has any Financial Institution ever refused to open your account? Yes No
- d) Do you deal in high value items i.e. Gold, Silver, Diamonds, Metals, Gems etc.? Yes No
- e) Is your total investment in JS Investments more than Rs. 25 million? Yes No
- f) Is your entity working as an NGO, NPO, Trust, Charity etc.? (For institutions For institutions Only) Yes No
- g) Do you hold a high profile position i.e. Sports or Media Personality? Yes No
- h) Are you a domestic or foreign "Politically Exposed Person" (PEP)? Foreign Domestic Neither
- i) Are you a family member or close associate of a domestic or foreign "Politically Exposed Person" (PEP)? Foreign Domestic Neither

* FATF members: Argentina | Australia | Austria | Belgium | Brazil | Canada | China | Denmark | Finland | France | Germany | Greece | Hong Kong (China) | Iceland | India | Ireland | Italy | Japan | Korea | Luxembourg | Malaysia | Mexico | Netherlands | New Zealand | Norway | Portugal | Russian Federation | Singapore | South Africa | Spain | Sweden | Switzerland | Turkey | United Kingdom | United States

Section 3: Declaration

I/We hereby acknowledge that the information provided on this form is correct to the best of my/ our knowledge and I/ We shall immediately update JS Investments Limited (JSIL) if there is any change in the information provided, including change in my/ our source of wealth/ income. I/ We authorize that JSIL may verify any or all information provided in/ with this KYC Form.

Principal / Authorized Signature

Joint / Authorized Signature

Authorized Signature

Authorized Signature

Section 4: List of documents

<p>Individual</p> <p><input type="checkbox"/> Copy of Passport / CNIC or attested B-Form (for Minors)</p> <p><input type="checkbox"/> Detail of Business / Employment Proof</p> <p><input type="checkbox"/> Zakat Exemption Affidavit (if applicable)</p> <p><input type="checkbox"/> Guardian Certificate (attested, in case of Minor)</p> <p>Partnership</p> <p><input type="checkbox"/> Copy of Passport / CNIC of all Partners</p> <p><input type="checkbox"/> Copy of CNIC of authorized signatories</p> <p><input type="checkbox"/> List of Authorized signatories along with Power of Attorney</p> <p><input type="checkbox"/> Resolution authorizing investments</p> <p><input type="checkbox"/> Copy of latest financials of partnership</p> <p>Executors and Administrators</p> <p><input type="checkbox"/> Copy of CNIC of Executor / Administrator</p> <p><input type="checkbox"/> Certified copy of letter of Administration</p>	<p>Companies (Institutional and Corporate)</p> <p><input type="checkbox"/> Copy of Passport / CNIC of all Directors</p> <p><input type="checkbox"/> Audited Accounts of the Company</p> <p><input type="checkbox"/> Memorandum and Article of Association</p> <p><input type="checkbox"/> Board Resolution authorizing investments</p> <p><input type="checkbox"/> Certificate of Incorporation/ Commencement of Business</p> <p><input type="checkbox"/> List of Authorized Signatories, along with CNIC copies and Power of Attorney</p> <p>Clubs, Societies and Associations</p> <p><input type="checkbox"/> Board / Governing Body Resolution for Investment</p> <p><input type="checkbox"/> Certified copy of by laws/ rules and regulations</p> <p><input type="checkbox"/> Copy of CNIC of Board members</p> <p><input type="checkbox"/> Certified copy of Registration Certificate</p> <p><input type="checkbox"/> List of Authorized signatories, CNIC copies, and Power of Attorney</p> <p><input type="checkbox"/> Copy of latest Financials</p>	<p>Trust (including but not limited to, provident fund, gratuity fund, pension fund, mutual fund etc)</p> <p><input type="checkbox"/> Copy of CNIC of all Trustees</p> <p><input type="checkbox"/> Certified copy of Trust Deed</p> <p><input type="checkbox"/> Trustee / Governing body Resolution for investment</p> <p><input type="checkbox"/> Copy of latest Financials of the Trust</p> <p><input type="checkbox"/> List of Authorized Signatories, along with CNIC copies and Power of Attorney</p> <p>Government Entities</p> <p><input type="checkbox"/> A Special Resolution / authority endorsed by the Ministry of Finance or Finance Department of concerned Government (Federal/ Provincial/ Local) clearly listing the persons/ officers authorized to operate such account</p> <p><input type="checkbox"/> Copy of CNIC of authorized signatories</p> <p><input type="checkbox"/> List of Authorized signatories</p> <p><input type="checkbox"/> Resolution authorizing investments</p>
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For Official Use

Channel Partner: _____ Region / City: _____ Branch Name / Code: _____

Relationship Manager: _____ Comments: _____