



# **OS CAPITAL INVESTMENTS**

**(PRIVATE) LIMITED**

## **Account Opening Form**

---

## BASIC GUIDELINES

Customer Relationship Form Guidelines	List of Documents to be provided
<p>1. Main Applicant name / Joint Applicant name(s) and signature(s) should be the same as it is on the CNIC/SNIC/NICOP/ARC/POC/-Passport.</p> <p>2. Addresses pertaining to offices, residence and permanent address must be provided along with landline telephone number(s) and cell number(s).</p> <p>3. Email address should be clearly provided in the space wherever asked to fill in the form.</p> <p>4. Signature of Main Applicant / Joint Applicant(s) is required. <i>(If applicable)</i></p> <p>5. Signatures of 2 male witnesses are required.</p> <p>6. Nominee / Successor can only be the blood relative of the applicant.</p> <p>7. All Corrections must be signed by Main Applicant / Joint Applicant(s), as applicable.</p> <p>8. Correction fluid / Blanco must not be used on any page of the Customer Relationship form.</p> <p>9. Each page of the form must be duly signed by the Broker and, in case of individual(s), by the Account Holder and the Joint Account Holder(s) as the case may be and, in case of Company / Firm / Trust, by the Directors / Partners / Trustees or their duly authorised representatives.</p> <p>10. The Account Holder(s) must thoroughly read the Terms and Conditions / Agreement carefully before signing.</p>	<p>1. Copy of CNIC/SNIC/NICOP/ARC/POC/Passport of main applicant.</p> <p>2. Copy(ies) of CNIC/SNIC/NICOP/ARC/POC/Passport of the Joint applicant(s). (If applicable)</p> <p>3. Copy of CNIC/SNIC/NICOP/ARC/POC/Passport of nominee. (If applicable)</p> <p>4. Copy of CNIC/SNIC/NICOP/ARC/POC/Passport of witnesses.</p> <p>5. Copy of utility bill / rental agreement, if address mentioned in Account Opening form is different from CNIC/SNIC/NICOP/ARC/POC.</p> <p>6. <b>KYC (Source of Income Requirement)</b> Proof of employment or business (pay slip, job card, visiting card appointment letter, retirement letter or statement on own business letter head) duly attested by employer.</p> <p>7. Monthly income earned must be provided with the above document.</p>

### Enclosures -for individuals

1. Attested copies of Computerized National Identity Card of the applicant.
2. Attested copies of Computerized National Identity Cards of the Nominee(s) (if applicable)
3. Attested copies of passports of the applicant, or Nominee(s) (in case of non-residents)
4. Copy of the letter of authorization from the Account Holder(s) of the person authorized to trade in the Account (if other than the account holder).
5. A list of Transaction fee, do's & don'ts, Commission to be charged by the Broker and other charges to be levied.
6. Proof of Income.

### Enclosures - for Companies

1. Attested copies of Memorandum and Articles of Association/ Partnership deed and Certificate of Incorporation
2. Board of Directors' Resolution.
3. List of Authorized Directors/Officers, who would operate the Account with attested copies of their CNICs.
4. Specimen Signature Cards.
5. Details of promoters/partners/key manager personnel of the company/firm
6. Copies of annual report of last 3 years
7. Paid-up Capital as DD-MM-YY

# OS CAPITAL INVESTMENTS (PVT) LIMITED

## KNOW YOUR CUSTOMER ( KYC) APPLICATION FORM

Individual (Form to be filled preferably in BLOCK LETTERS)

<b>A. IDENTITY DETAILS OF APPLICANT</b>					
1. Full name of Applicant (As per CNIC/SNIC/NICOP/ARC/POC/Passport*) Mr. / Mrs. / Ms.					
2. a. Father's / Husband's Name			2. b. Mother's Maiden Name:		
3. a. Nationality:	b. Maritalstatus: <input type="checkbox"/> Single <input type="checkbox"/> Married		c. Status: <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		
d. Place of birth:	e. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female				
4. a. CNIC/ SNIC/NICOP/ARC/POC No:					
b. Expiry date:		c. i s s u e d a t e :		<input type="checkbox"/> Lifetime:	
5. Passport details:*(For a foreigner or a non-resident Pakistani)		Passport Number:		Place of Issue:	
		Date of Issue:		Date of Expiry:	
6. Date of Birth					
<b>B. ADDRESSDETAILS OF APPLICANT</b>					
1.(a)Mailing Address:					
(Address should be different from authorized intermediary business address exceptfor employees of authorized intermediary)					
City/Town/Village		Province/State:		Country:	
(b) Tel. (Off.):*	(c) Tel. (Res.):*	(d) Mobile**:		(e) Email**:	
Specify the proof of address submitted f o r mailing address*:					
2. (a)Permanent Address:					
(if different from above or overseas address, mandatory for Non-Resident Applicant)					
City/Town/Village:		Province/State:		Country:	
(b) Tel. (Off.):*	(c) Tel. (Res.):*	(d) Mobile:		(e) Email (if any):	
Specify the proof of address submitted for permanent address*:					
<b>C. OTHER DETAILS</b>					
1. Gross Annual Income Details (please specify): <input type="checkbox"/> Below Rs. 100,000 Rs. <input type="checkbox"/> 100,001 - Rs. 250,000 <input type="checkbox"/> Rs. 250,001 - Rs. 500,000 Rs. <input type="checkbox"/> 500,001 - Rs. 1,000,000 <input type="checkbox"/> Rs. 1,000,001 - Rs. 2,500,000 <input type="checkbox"/> Rs 2,500,001 - Above					
2. Sourceof Income:					
3. (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 Executive	<input type="checkbox"/> Industrialist
		<input type="checkbox"/> Professional	<input type="checkbox"/> Service	<input type="checkbox"/> Govt. /Public Sector	<input type="checkbox"/> Others (Specify) _____
(b) Name of Employer / Business: (Include symbol if employer listed company) (e)			(c) Job Title / Designation:		(d) Department:
Address of Employer / Business:					
<b>D. BANK DETAILS//E-WALLET</b>					
Bank / E-Wallet Name:					
IBAN / E-Wallet No.					
Bank Name:			IBAN No.:		
E-Wallet Provider Name:			E-Wallet Number:		
<b>E. DECLARATION</b>					
<p>I hereby confirm that allthe information furnished above is true and correct to the best of my knowledge and belief and I undertake to inform you of any cha nges therein, immediately. In case any of the above information is found to be untrue or false or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby, unconditionally and irrevocably, declare, confirm and acknowledge having read in fulland understoodthe relevant terms andconditions attached as an Annexure to this KYC Application Form duly provided to me by the Authorized Intermediary at the time of filing of this KYC Application Form. I hereby ackn owledge that I was informed by the Authorized Intermediary at the time of filing this KYC Application Form that these terms andconditions are prescribed under CKO Regulations, 2017 and are also available on the website of CKO, further, I have no doubt or concern that the terms and conditions shared withme by the Authorized Intermediary are any different from the ones specified in CKO Regulations, 2017 and available on CKO's website.</p>					
Signature of the Applicant		Date: _____ (dd/mm/yyyy)		Signature of the Applicant as perCNIC/SNIC/NICOP/ARC/POC/Passport No* (Only applicable if Applicant signature is different)	
<b>FOR OFFICE USE ONLY</b>					
<p>I hereby confirm and acknowledge having provided in fullthe relevantterms and cond itions attached as an Annexure to this KYC Application Form to the Customer atthe time of filling of this KYC Application Form.</p> <p>I hereby confirm that I have informed the Customer at the time of filing this KYC Application Form regarding the availability of these terms andconditions in CKO Regulations, 2017 and on the website of CKO, I further confirm and acknowledge that I have no doubt or concern that the terms and conditions shared with Customer by me are not updated and has any difference when compared with the terms and conditions specified in CKO Regulations, 2017 and available at CKO's website.</p>					
Authorized Signatory		Date		Seal/Stamp of the Authorized Intermediary	

\* Optional

\*\* For NICOP/ARC/POC/Passport, Email is mandatory and Mobile Number is Optional. Whereas for CNIC/SNIC, Mobile Number is Mandatory and Email is Optinal,however, incase of online account opening, both mobile number and email address are mandatory for residentindividual Pakistani customers.

In case of SNIC where country of stay is not Pakistan, email willbe mandatory.

\*\*\* IBANshallbe mandatory for allCustomers except for those who have provided an undertaking for exclusion from IBAN requirementdue to any exception available under applicable laws, rules, regulations etc. or where permitted by CKO for reasons to be recorded.

## Terms & Conditions of the KYC Application Form

1. All terms herein shall, unless expressly stated otherwise, have the same meaning as ascribed to them in the Centralized KYC Organization Regulations.
2. The information provided in KYC application form and/or CRF shall be in addition to and not in derogation of the requirements prescribed under Anti-Money Laundering and Countering Financing of Terrorism Regulations, 2020.
3. All correspondence shall be sent by CKO at the mailing address and/or email address of the Customer, as stated on the KYC Application Form. KYC application form shall be submitted electronically for online Account Opening of Individual Pakistani Customer by Authorized Intermediary that is a Professional Clearing Member or a Securities Broker
4. Neither the CKO nor its directors, officers, employees or agents shall be liable for losses, damages, liabilities, costs or expenses suffered or incurred by the Customer as a result of providing its KYC Information to Authorized Intermediaries or the CKO due to any reasons whatsoever including its unauthorized disclosure.
5. The Customer undertakes to indemnify the CKO against any losses, damages, liabilities, costs or expenses suffered or incurred by CKO, including any legal costs and claims by third parties, as a result of any inaccuracy, misrepresentation, misstatement or incorrect details in the information supplied by the Customer or any omission in such information or any other contravention or violation of the Centralized KYC Organization Regulations
6. The Customer agrees that in the event that he does not abide by the timelines prescribed in the Centralized KYC Organization Regulations for submission of information and confirmation to the NCCPL, the NCCPL shall be authorized to take action as prescribed in the Centralized KYC Organization Regulations. The Customer undertakes that it shall hold CKO harmless and that CKO shall not be liable for any losses, damages, liabilities, costs or expenses suffered or incurred by the Customer as a result of such actions.
7. The Customer agrees that CKO may hold, store and process its KYC Information on the KYC Information System and KYC Database in connection with its KYC functions under the Centralized KYC Organization Regulations. The Customer also agrees that CKO may disclose its KYC Information as permitted under the CKO Regulations and such other disclosures as may be reasonably necessary for compliance with any other laws or regulatory requirements
8. The Customer acknowledges that KYC Information System and KYC Database, including but not limited to all the information contained therein is the legal property of CKO.
9. The Customer agrees that verification against KYC information provided by Customer and Authorized Intermediaries shall be performed by CKO as per CKO regulations and such verifications shall include verification of KYC information through linked services such as RAAST, 1-Link, PMD, NADRA, etc.
10. The Customer agrees that KYC information provided by Customer at the time of onboarding shall be shared with CDC in pursuance of provisions prescribed by the Securities & Exchange Commission of Pakistan with respect to Central Gateway Portal managed by CDC.
11. The Authorized Intermediaries agree to pay CKO the fees and charges as prescribed by CKO from time to time in respect of its KYC functions
12. CKO has absolute discretion to amend or supplement any of the terms and conditions at any time and will endeavor to give prior notice of fifteen days wherever feasible for such changes.
13. The Customer agrees and affirms that it shall be bound by and acts in accordance with the provisions of the Centralized KYC Organization Regulations.
14. These terms and conditions shall be governed by the laws of Pakistan.

❖ The terms and conditions will be part of the Online Account Form for Individual Pakistan

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Joint Applicant 1

\_\_\_\_\_  
Joint Applicant 2

\_\_\_\_\_  
Joint Applicant 3

\_\_\_\_\_  
Participant / TREC Holder

# OS CAPITAL INVESTMENTS (PVT) LIMITED

## Commodity Futures Trading Account Opening Form

NATURE OF ACCOUNT	
<input type="checkbox"/> Individual	<input type="checkbox"/> Company

Date: \_\_\_\_\_

### Notes

1. Every column must be filled in
2. Columns which are not applicable should be marked "NA" and also initialed.
3. Each page of this form must be duly signed by the Account Holder (s) And the Broker.

Dear Sirs,

I/We, \_\_\_\_\_ request you to open a Commodity Futures Trading Account with the \_\_\_\_\_ office of \_\_\_\_\_ ( P M EX Broker) for purchase and sale of futures contracts, in accordance with the Terms and Conditions attached herewith. My/our account details are as under:

FOR INDIVIDUAL ONLY													
(a) Date of Birth (dd/mm/yyyy)						/			/				
(b) Nationality													
(c) Status		<input type="checkbox"/> Resident		<input type="checkbox"/> Non Resident		(d) Gender		<input type="checkbox"/> Male		<input type="checkbox"/> Female			
(e) Address													
(f) Telephone #		Home			Office			Mobile			Fax		
(g) Email													
(h) Computerized National Identity Card No (in case of non-Resident Passport No.) (Copy Enclosed):									-				
(i) Occupation								(j) Annual Income in last 3 years				Rs.	
(k) Father / Husband Name													

FOR COMPANIES AND FIRMS ONLY													
(a) Company Registration No													
(b) Status		<input type="checkbox"/> Resident		<input type="checkbox"/> Non Resident									
(c) Address													
(d) Board Resolution dated _____ attached as Annexure "A" (Copy Enclosed)				<input type="checkbox"/> Yes		<input type="checkbox"/> No							
(e) Certificate of Incorporation attached as Annexure "B" (Copy Enclosed)				<input type="checkbox"/> Yes		<input type="checkbox"/> No							
(f) Date of Business Commencement (dd/mm/yyyy)						/			/				
(g) National Tax Number													
(h) Sales Tax Registration Number													

Account Holder

Broker

AUTHORISED PERSON			
Name of authorized person to instruct, place, deal (buy or sell) and settle transactions and orders:			
(a) Name			
(b) Relationship to the account holder			
(c) National Identity Card No (Copy Enclosed)			
(d) Address			
(e) Father / Husband Name			
(f) Signature			
(g) Nature of Account	<input type="checkbox"/> Singly <input type="checkbox"/> Jointly		
(h) Telephone #	Home	Office	Mobile

Power of Attorney is required for the above, in case the authorized person is other than the account holder

#### DECLARATION OF SOLVENCY

The company/individual i.e. (the Account Holder) hereby declares that:

- a) It has not applied to be adjudicated as an insolvent and that it has not suspended payment and that it has not compounded with its creditors,
- b) It is not un-discharged insolvent; and
- c) It has not been declared defaulter in repayment of loan(s) of a banks/financial institutions.

#### MARGIN DEPOSITS

The Account Holder(s) shall directly pay in PMEX designated bank account(s) such amount as a margin deposit as decided by the Broker subject to the minimum margin determined by the Exchange.

#### INSTRUCTION

Tick the appropriate box [Please see clause 17 of the Special Terms and Conditions].

☐ Verbal      ☐ Open for written instructions

CONFIRMATION OF TRADE AND DELIVERY OF MAIL & ACCESS TO PMEX PORTAL	
Confirmations of trades and other correspondence may please be sent to:	
(a) Office address via postal mail/ courier	
(b) Residential address via postal mail/ courier	
(c) Email Address	
(d) Fax Number:	
(e) Direct Access to PMEX Portal:	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACCOUNT(S) WITH OTHER BROKER(S) (Optional)	
(a) Name of Broker(s)	(b) Name of Broker(s)
Account Holder(s) ID a/c	Account Holder(s) ID a/c
Exchange	Exchange

ACCOUNT WITH BANK	
Name of Bank	
Saving / Current Account Numbers (IBAN)	
Branch Address	

\_\_\_\_\_  
Account Holder

\_\_\_\_\_  
Broker

## NOMINATION

In the event of death of the Account Holder, the Nominee shall be entitled to receive cash and/or commodities available in the account of the account holder after set-off against losses and liabilities in the Account.

NOMINEE DETAILS											
(a) Name of Nominee											
(b) Relationship to the Account Holder											
(c) National Identity Card No (Copy Enclosed)											
(d) Address											
(e) Date of Birth (dd/mm/yyyy)			/			/					
(f) Email Address											
(g) Telephone #	Home			Office			Mobile				

## SPECIAL TERMS AND CONDITIONS

The terms and conditions set herein below shall be equally binding on the Broker and the Account Holder(s):

1. All trades, transactions and contracts between the parties shall be subject to the Futures Market Act, 2016 read with the Securities & Exchange Commission of Pakistan Act, 1997, Futures Brokers (Licensing & Operations) Regulations, 2018, General Regulations of the Exchange, Notices and Circulars. The Broker shall ensure provisions of copies of all the above Rules, Regulations, Notices and Circulars at its office for access to the Account Holder(s) during working hours.
2. In the event of the death or insolvency of the Account Holder(s) or his otherwise becoming incapable of receiving and paying for or delivering or transferring commodities which the Account Holder(s) has ordered to be bought or sold, the Broker may with the approval of the Exchange, close out the transaction of the Account Holder(s) and the Account Holder(s) or his legal representative shall be liable for any losses, costs, damages including statutory / regulatory charges, if any and be entitled to any surplus / profits which may result there from.
3. Payment of Margins: Variation Margin will be collected in cash only through banking channel. The Account Holder(s)'s further order will add to the open positions only if the balance of the initial margin deposit is adequate to meet the initial margin required on such new positions. The Account Holder(s) may not be permitted to create any new open positions, until receipt of such additional initial margin.
4. All positions (brought forward, created during the day, closed out during the day) in Commodity Futures Contracts, at the close of trading hours on a day, shall be marked to market at the Daily Settlement Price (for Daily Mark to Market Settlement) and settled.
5. Variation Margin calls resulting due to daily Mark to Market settlement in respect of admitted deals in Commodity Futures Contracts shall be cash settled, only.
6. Mark to market settlement resulting in losses: Losses incurred at the end of the trading day will be first deducted from the respective funds available with the Exchange in the form of Margin deposits, after covering up the minimum margin required at the end of the trading day. If the balance available to the credit of the Account Holder(s) is not adequate to cover the loss incurred by the Broker or Account Holder(s) a variation margin call will be generated to cover the amount of loss. Variation Margin call amount will be collected from each Account Holder(s). The Account Holder(s) will be required to pay to the Exchange 100% of the amount of Variation Margin call in cash through banking channel. Variation Margin Calls (Losses) at the end of each day will be paid to the Clearing House latest by the Exchange determined cutoff time on the same trading day.
7. In case an Account Holder(s) fails to deposit the amount of Variation Margin call during the timings specified by the Exchange his trading account(s) and the rights arising in connection thereto will be suspended.
8. In Case of Profits: Profit earned at the end of the trading day will be added / credited to the respective funds available with the Exchange in the form of Margin deposits. The amount will increase the balance available at the end of trading day, to take further positions.
9. On Expiry date of a commodity futures contract, all Account Holder(s) s with open positions, will be matched for delivery in respect of all positions individually.
10. A detailed report containing all matched and unmatched requests will be provided to Account Holder(s) before the end of the day on expiration of the commodity futures contract.
11. The Account Holder(s) acknowledges that all contracts culminating in delivery, which are not squared off, would be transactions for purchase and sales between the Account Holder(s), and the Account Holder(s) would be personally liable to each other through the contract. The relationship between the Account Holder(s) inter se is and will be governed and regulated by the Regulations of the Exchange.
12. Deliveries: The Account Holder(s) will be responsible for providing information for the purposes of giving / taking delivery against his Open Position along-with information necessary for giving / taking delivery within stipulated period as determined by the Exchange. The Broker shall be responsible for the collection of such said information from the Account Holder(s) and to submit the same to the Exchange.

Account Holder

Broker