

DJM SECURITIES (PVT) LTD.

A one stop financial services company
TRE Certificate Holder
Karachi Stock Exchange Limited



ACCOUNT OPENING FORM

HEAD OFFICE :

Suite # 203, 2nd Floor, Business & Finance Trade Centre, I.I. Chundrigar Road, Karachi-pakistan.

Ph: 021-32472030-9 Lines, Fax: 021-32472044

BRANCH OFFICE :

431 # Karachi Stock Exchange Building, I.I. Chundrigar Road, Karachi-Pakistan. Ph: 021-32441193-94

www.djmtrade.com



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Suite # 203, 2nd Floor, Business & Finance Trade Centre,
I.I. Chundrigar Road, Karachi-pakistan.
Ph: 021-32472030-9 Lines, Fax: 021-32472044
url: www.djmtrade.com

ACCOUNT	SINGLE <input type="checkbox"/>	JOINT <input type="checkbox"/>
CLIENTID/ACCOUNTNO	<input type="text"/>	CDC ACCOUNT NO <input type="text"/>

ACCOUNT HOLDER

ACCOUNT TITLE NAME

ADDRESS

CITY

TEL FAX NO

MOBILE

E-MAIL

PERMANENT / REGISTERED ADDRESS

ACCOUNT HOLDER

ACCOUNT TITLE NAME

ADDRESS

CITY

TEL FAX NO

MOBILE

E-MAIL

PERMANENT / REGISTERED ADDRESS

FOR INDIVIDUALS ONLY

DATE OF BIRTH

NATIONALITY

STATUS RESIDENT NON RESIDENT

GENDER MALE FEMALE

FATHER'S/HUSBAND'S NAME

CNIC NUMBER - -

In Case of Non-Resident, Passport Number)

OCCUPTION

FOR NON INDIVIDUALS ONLY

ACCOUNT TITLE NAME

ADDRESS

CITY

TEL FAX NO

INCORPORATION REG #

NTN NO.

E-MAIL

Declaration of Solvency

The Account Holder hereby declares that:

- a) He/She has not applied to be adjudicated as insolvent and that he/she has not suspended payment and that he/she has not compounded with his/her creditors;
- b) He/She is not un-discharged insolvent; and
- c) He/She has not been declared defaulter in repayment of loan(s) of bank(s)/financial institution(s)

Account Holder _____

Broker _____

RISK DISCLOSURE

THIS PROVISION SHOULD BE READ CAREFULLY BY THE PROSPECTIVE ACCOUNT HOLDER BEFORE SIGNING THIS FORM AND SHOULD BE READ IN CONJUNCTION WITH THE RULES AND REGULATIONS OF THE KARACHI STOCK EXCHANGE ("THE EXCHANGE").

This brief statement does not disclose all of the risks and other significant aspects of investing and/or trading in Securities. In light of the risks, the Account Holder should undertake such transactions only if he/she understands the nature of the risks and exposures associated with such investment/trading and the extent of the exposure to risk. Risk of loss in trading in Securities can be substantial. The Account Holder should carefully consider whether the trading is appropriate for him/her in light of his/her experience, objective, financial resources and other relevant circumstances. Trading thus requires not only the necessary financial resources but also the financial and emotional temperament. In case of any consequences or loss in trading, the Account Holder shall be solely responsible for such loss and neither the Broker, nor the counter party or the Exchange shall be responsible for the same and it will not be open for the Account Holder to take the plea that no adequate disclosure was made or that he/she was not explained the full risk involved by the Broker. The Account Holder will be solely responsible for the consequences and no contract can be rescinded on that account.

In particular, online trading is exposed to cyber frauds and hacking of lines, server down time, outages, etc. and all such risk shall be deemed to be assumed by the Account Holder.

By signing this Form, the Account Holder shall be deemed to be aware of all risks and exposures and shall be deemed to have absolved and release the Broker from all consequences and liabilities arising therefrom.

MARGIN DEPOSIT

The Account Holder hereby undertakes to deposit and maintain _____ % margin against his/her outstanding trades/exposure for the purpose of trading in his/her account. The Broker shall notify the Account Holder about any change in the above margin requirements for the already executed trades and/or for future trades at least 3 (three) days prior to the implementation of the revised margin requirements.

INSTRUCTIONS

BY CUSTOMER GENERATED ORDER THROUGH SYSTEM BY

TELEPHONE (WITH RECORDED MESSAGES)

CLIENT BANK DETAILS

NAME OF THE BANK

SAVINGS/CURRENT A/C: NO.

BRANCH ADDRESS

MODE OF TRANSMISSION OF INSTRUCTIONS AND COMMUNICATIONS: (Please see Clause 15 & 16 of the Special Terms and Conditions)

Via E-Mail

E-mail Address

Account Holder _____

Broker _____

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)I/We hereby apply for opening of my/our Sub-Account under the Account Family of D.J.M Securities (Pvt) Limited (hereinafter referred to as "Participant") maintained in the Central Depository System ("CDS") of the Central Depository Company of Pakistan Limited ("CDC"). My/our particulars are given as under:

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.

SPECIAL TERMS AND CONDITIONS FOR TRADING ACCOUNT

The Terms and Conditions set herein below shall be equally binding on the Broker and the Account Holder(s).

1. All transactions between the parties shall be subject to the Articles, Rules and Regulations of the Exchange, revised policies, Board Directions and new regulations to be framed in pursuance of Section 34 of the Securities & Exchange Ordinance, 1969. Moreover, all applicable provisions of the Securities & Exchange Ordinance, 1969 read with the Securities & Exchange Commission of Pakistan Act, 1997, Brokers and Agents Registration Rules, 2001, Securities and Exchange Rules 1971 and all directions/directives passed from time to time to regulate the trades between the parties and to regulate Brokers conduct and the Central Depository Companies of Pakistan Act,1997, Rules framed there under and the National Clearing and Settlement System Regulations and any other law for the time being in force. The Broker shall ensure provisions of copies of all the above Laws, Rules and Regulations at his office for access to the Account Holder(s) during working hours.
- 1(a). In case any dispute in connection with the trade or transaction between the Broker and the Account Holder is not settled amicably, either party may refer the same to arbitration in accordance with the provisions of General Regulations of the Exchange, which shall be binding on both the parties. The Account Holder hereby agrees that he would have no objection if his name and other relevant particulars are replaced on Exchange's database accessible by TRE Certificate Holders of the Exchange if he fails or refuses to abide by or carryout any arbitration award passed against him in his dispute with the Broker.
2. The amount deposited as security margin by the Account Holder(s) with the Broker shall only be used for the purposes of dealing in securities, such as trading and/or settlement of deliveries of securities on behalf of the Account Holder(s). The Broker shall not use such amounts for his own use.
- 2(a). The credit amount of the Account Holder(s) shall be kept by the broker in a separate bank account titled "Account Holder / Client Account" and shall not be used by the broker for his own business.
3. The Broker shall be authorized to act on the verbal instructions of the Account Holder(s). The Broker shall provide a written confirmation of the executed transactions as required under rule 4(4) of the Securities & Exchange Rules, 1971, and all such transactions recorded by the Broker in his books shall be conclusive and binding upon the Account Holder(s), which shall not be questioned by him/her/them, subject to clause 5 below.

Or

The Account Holder(s) shall give written instructions for the sale/purchase of securities to the Broker. The Account Holder(s) shall not give any verbal/oral instructions. The Broker shall provide a written confirmation of the executed transactions as required under rule 4(4) of the Securities & Exchange Rules, 1971, and all such transactions recorded by the Broker in his books shall be conclusive and binding upon the Account Holder(s), which shall not be questioned by him/her/them, subject to clause 5 below.

4. The Broker shall provide the confirmation of the executed transactions to the _____ (Name of Account Holder) at the above stated address by means of acceptable mode of communication or by hand subject to acknowledgment receipt as noted in clause 16.
5. In case there are any error(s) in the daily confirmation statement, the Account Holder(s) shall report the same to the Broker within one-business day of the receipt of confirmation. In case the Account Holder(s) do not respond within one business day of the receipt of the said daily confirmation statement, the confirmation statement shall be deemed conclusively accepted by the Account Holder(s).
6. In the event that the Account Holder(s) fail(s) to deposit additional cash or securities as margin within one business day of the margin call (in writing), the Broker shall have absolute discretion to and, without further notice to Account Holder(s), liquidate the Account Holder(s) outstanding positions, including the securities purchased and carried in such account, so that the margin is maintained at the required level.
- 7(a) The Broker shall be responsible to ensure delivery of CDC eligible securities in the CDC account of the Account Holder(s) subject to full payment by the Account Holder(s). In case of companies which are not on the CDS, the Broker shall ensure delivery of physical shares along with verified transfer deeds against payments, to the Account Holder(s). Further, the Broker shall be responsible for the payment of any credit cash balance available in the account of the Account Holder preferably in form of A/c Payee cross cheque only within 1 business day of the request of the Account Holder(s) (subject to the maintenance of the margin requirements).
- (b) In the event of non-receipt of payment from the Account Holder on settlement day against securities bought on account of the Account Holder, the Broker may transfer such securities to his Collateral Account under intimation to the Exchange, after complying with the requirements as mentioned in the General Regulations of the Exchange.
8. The Broker shall accept from the Account Holder(s) payments through "A/c Payee Only" crossed cheque, bank drafts, pay orders or other crossed banking instruments in case of amounts in excess of Rs. 25,000/-. Electronic transfer of funds to the Broker through banks would be regarded as good as cheque. The Broker shall be responsible to provide the receipt to the Account Holder(s) in the name of the Account Holder(s) duly signed by authorized agents/employee of the Broker and the Account Holder(s) shall be responsible to obtain the receipt thereof. In case of cash dealings, proper receipt will be taken and given to the Account Holder(s), specifically mentioning if payment is for margin (s) or the purchase of securities. The broker shall immediately deposit in its bank account all cash received in whole i.e. no payments shall be made from the cash received from clients. However, in exceptional circumstances, where it becomes necessary for Broker to accept cash in excess of Rs. 25,000/-, the Broker shall immediately report within one business day such instances with rationale thereof to the Exchange in accordance with the mechanism prescribed by the Exchange.
9. The TRE Certificate Holders shall make all the payments of Rs. 25,000/- and above, through crossed cheques / bank drafts / pay orders or any other crossed banking instruments showing payment of amount from their business bank account. Copies of these payment instruments including cheques, pay orders, demand drafts and online instructions shall be kept in record for a minimum period of five years.
10. The Account Holder(s) shall have a right to obtain a copy of his/her or their ledger statement under official seal and signature of the Broker or his authorized representative on a periodic basis. In case of any discrepancy in the ledger statement, the Account Holder(s) shall inform the

Account Holder _____

Broker _____

Annexure 'A'

Board Resolution

"RESOLVED that an application be made on behalf of _____ (name of entity) to _____ ("broker") for opening an Account and for the afore-said purpose the Account Opening Form including Terms and Conditions as set out herein be executed on behalf of _____ (name of entity).

FURTHER RESOLVED that Mr./Ms. _____ and Mr./Ms. _____ be and are hereby authorized and empowered, either singly/jointly for and on behalf of _____ (name of entity) to sign and execute and deliver this Account Opening Form and Terms & Conditions and other documents in connection therewith, and to do any other act, deed or thing for and on behalf of _____ (name of entity) in respect of company's application for opening an Account.

FURTHER RESOLVED that Mr./Ms. _____ and Mr./Ms. _____ be and are hereby authorized and empowered, either singly/jointly to represent to the broker on all matters pertaining to the maintenance and operation of the Account, to deal, liase and correspond with broker and give instructions to fulfill all the responsibilities and obligations to broker under the Law, Rules and Regulations and the Terms and Conditions in relation to the Account from time to time, and to deal with other incidental and ancillary acts, things and deeds".

Signatures of the Directors

1. _____ 2. _____
3. _____ 4. _____
5. _____

Date of Resolution: _____

_____ x _____ x _____ x _____

ANNEXURE-III

CODE OF CONDUCT FOR TRADING BY EMPLOYEES OF BROKERAGE HOUSES

1. Employees of Brokerage Houses willing to trade must obtain prior written authorization for such activity, on his trading account opening form, from the TRE Certificate Holder or authorized officer of the Brokerage house.
2. Employee must submit to the TRE Certificate Holder or authorized officer of the Brokerage house, a written undertaking of his understanding and willingness to strictly abide by all the relevant rules, regulations, codes and procedures as prescribed by the Exchange, Clearing Company, Depository Company and the Commission at all times while trading on his own account.
3. The provisions of Regulations Governing Proprietary Trading, 2004 or any other Regulation which may be made from time to time in this regard would be applicable with regard to such trades.
4. All trades on behalf of the concerned employees shall be executed against their own respective UINs and shall be subject to these Regulations and Regulations Governing Risk Management of the Exchange.
5. Employees must ensure that investment advice given to clients by them will not result in a conflict of interest with their individual trading activities.
6. The employees should not indulge in buying or selling securities of a company for their own account or any account over which they exercise control if they possess non-public information or inside information of that company or information pertaining to any potential trade/deal which may affect the share price of that company. Further, they will not pass any such information to others.
7. The employees should not buy or sell those securities for their own account in which they are aware of clients' proposed trades, trades by the Brokerage house or forthcoming research report regarding such securities.
8. TRE Certificate Holders shall monitor their employees' trades regularly and the Internal Audit Department will ensure compliance of these Regulations and any violation shall be communicated to Audit Committee/Chief Executive Officer and shall be submitted to the Exchange and/or the Commission as and when demanded.
9. Adherence by TRE Certificate Holders as well as their employees, in letter and spirit, to this Code of Conduct is mandatory.



DJM SECURITIES (PVT) LTD.
 A one stop financial services company
 TRE Certificate Holder
 Karachi Stock Exchange Limited

For Official use of Participant only	
Application Form No.:	
CDS Participant ID:	
Sub-Account No.:	
Trading Account No.:	
<i>(if applicable)</i>	

SUB-ACCOUNT OPENING FORM FOR INDIVIDUAL

(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)

Nature of Account	Single	Joint
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(Please use BLOCK LETTERS to fill the form)

I/We hereby apply for opening of my/our Sub-Account under the Account Family of **DJM SECURITIES (PVT) LTD.**, (hereinafter referred to as "Participant") maintained in the Central Depository System ("CDS") of the Central Depository Company of Pakistan Limited ("CDC"). My/our particulars are given as under:

A. REGISTRATION (AND OTHER) DETAILS OF MAIN APPLICANT																																				
1. Full name of Applicant (As per CNIC/NICOP/Passport) MR. / MRS. / MS.																																				
2. Father's/Husband's Applicant:																																				
3. Contact Details of Main Applicant:																																				
<i>(a) Permanent Address: (Address should be different from Participant's address)</i>																																				
<i>(b) Mailing Address:</i>																																				
<i>(c) Contact No.:</i> Land Line No. Local Mobile No. (*)						<i>(d) Fax: (optional)</i>			<i>(e) Email: (*)</i>																											
4. Computerized National Identity Card No. <i>(For resident Pakistani)</i>																																				
5. Expiry Date of CNIC:																																				
6. NICOP No.: <i>(For non resident Pakistani)</i>																																				
7. Expiry Date of NICOP:																																				
8. Passport details: <i>(For a foreigner or a Pakistani origin)</i>			Passport Number:				Place of Issue:																													
			Date of Issue:				Date of Expiry:																													
9. Details of Contact Person: [Note: Contact Person shall not be the person other the Main Applicant, any one of the Joint Applicant or their Attorney: Where Contact Person is the Main Applicant or any of the Joint Application, Please only provide the name below: In case of Attorney, please provide details in (a) to (h) below]																																				
<i>(a) Name: MR. / MRS. / MS.</i>																																				
<i>(b) Relationship/Association of the Attorney with the Main applicant:</i>																																				
<i>(c) Address:</i>																																				
<i>(d) Computerized National Identity Card No.</i>																																				
<i>(e) Expiry Date of CNIC:</i>																																				
<i>(f) Contact No:</i>			<i>(d) Fax: (optional)</i>			<i>(e) Email: (optional)</i>																														
10. Shareholder's Category: INDIVIDUAL																																				
11. (a) Occupation: <i>[Please tick () the appropriate box]</i>																																				
<table border="1"> <tr> <td><input type="checkbox"/></td> <td>AGRICULTURIST</td> <td><input type="checkbox"/></td> <td>BUSINESS</td> <td><input type="checkbox"/></td> <td>HOUSEWIFE</td> <td><input type="checkbox"/></td> <td>HOUSEHOLD</td> </tr> <tr> <td><input type="checkbox"/></td> <td>RETIRED PERSON</td> <td><input type="checkbox"/></td> <td>STUDENT</td> <td><input type="checkbox"/></td> <td>BUSINESS EXEC.</td> <td><input type="checkbox"/></td> <td>INDUSTRIALIST</td> </tr> <tr> <td><input type="checkbox"/></td> <td>PROFESSIONAL</td> <td><input type="checkbox"/></td> <td>SERVICE</td> <td><input type="checkbox"/></td> <td>CONSULTANT</td> <td><input type="checkbox"/></td> <td>OTHERS (specify)</td> </tr> </table>													<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 EXEC.	<input type="checkbox"/>	INDUSTRIALIST	<input type="checkbox"/>	PROFESSIONAL	<input type="checkbox"/>	SERVICE	<input type="checkbox"/>	CONSULTANT	<input type="checkbox"/>	OTHERS (specify)
<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 EXEC.	<input type="checkbox"/>	INDUSTRIALIST																													
<input type="checkbox"/>	PROFESSIONAL	<input type="checkbox"/>	SERVICE	<input type="checkbox"/>	CONSULTANT	<input type="checkbox"/>	OTHERS (specify)																													
<i>(b) Name of Employer / Business:</i>						<i>(c) Job Title/Designation:</i>																														
<i>(d) Address of Employer / Business:</i>																																				

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

Participant

B. REGISTRATION (AND OTHER) DETAILS OF THE JOINT APPLICANT(S)**PERSONAL INFORMATION-JOINT APPLICANT NO. 1**

1. Full Name of Applicant (As per CNIC/NICOP/PASSPORT MR./MRS./MS.)												
2. Father's /Husband's Name:												
3. Permanent Address: <i>(Address should be different from Participant's address)</i>												
4. (a) Contact No:				(b) Fax: (optional)				(c) Email:				
5. (a) Computerized National Identity Card No: <i>(For resident Pakistani)</i>												
6. Expiry Date CNIC:												
7. NICOP No: <i>(For non-resident Pakistani)</i>												
8. Expiry Date NICOP:												
9. Passport Details: <i>(For a foreigner or a Pakistani origin)</i>						Passport Number:			Place of Issue:			
						Date of Issue:			Date of Expiry:			
10. (a) Occupation: <i>[Please tick (✓) the appropriate box]</i>			AGRICULTURIST		BUSINESS		HOUSEWIFE		HOUSEHOLD			
			RETIRED PERSON		STUDENT		BUSINESS EXEC.		INDUSTRIALIST			
			PROFESSIONAL		SERVICE		CONSULTANT		OTHERS (specify)			
(b) Name of Employer/Business:						(c) Job Title/Designation:						
(d) Address of Employer/Business												

PERSONAL INFORMATION-JOINT APPLICANT NO. 2

1. Full Name of Applicant (As per CNIC/NICOP/PASSPORT MR./MRS./MS.)												
2. Father's /Husband's Name:												
3. Permanent Address: <i>(Address should be different from Participant's address)</i>												
4. (a) Contact No:				(b) Fax: (optional)				(c) Email:				
5. (a) Computerized National Identity Card No: <i>(For resident Pakistani)</i>												
6. Expiry Date CNIC:												
7. NICOP No: <i>(For non-resident Pakistani)</i>												
8. Expiry Date NICOP:												
9. Passport Details: <i>(For a foreigner or a Pakistani origin)</i>						Passport Number:			Place of Issue:			
						Date of Issue:			Date of Expiry:			
10. (a) Occupation: <i>[Please tick (✓) the appropriate box]</i>			AGRICULTURIST		BUSINESS		HOUSEWIFE		HOUSEHOLD			
			RETIRED PERSON		STUDENT		BUSINESS EXEC.		INDUSTRIALIST			
			PROFESSIONAL		SERVICE		CONSULTANT		OTHERS (specify)			
(b) Name of Employer/Business:						(c) Job Title/Designation:						
(d) Address of Employer/Business												

PERSONAL INFORMATION-JOINT APPLICANT NO. 3

1. Full Name of Applicant (As per CNIC/NICOP/PASSPORT MR./MRS./MS.)												
2. Father's /Husband's Name:												
3. Permanent Address: <i>(Address should be different from Participant's address)</i>												
4. (a) Contact No:				(b) Fax: (optional)				(c) Email:				
5. (a) Computerized National Identity Card No: <i>(For resident Pakistani)</i>												
6. Expiry Date CNIC:												
7. NICOP No: <i>(For non-resident Pakistani)</i>												
8. Expiry Date NICOP:												
9. Passport Details: <i>(For a foreigner or a Pakistani origin)</i>						Passport Number:			Place of Issue:			
						Date of Issue:			Date of Expiry:			
10. (a) Occupation: <i>[Please tick (✓) the appropriate box]</i>			AGRICULTURIST		BUSINESS		HOUSEWIFE		HOUSEHOLD			
			RETIRED PERSON		STUDENT		BUSINESS EXEC.		INDUSTRIALIST			
			PROFESSIONAL		SERVICE		CONSULTANT		OTHERS (specify)			
(b) Name of Employer/Business:						(c) Job Title/Designation:						
(d) Address of Employer/Business												

Signatures:

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

Participant

7

C. OTHER INFORMATION											
1. Dividend Mandate [Please tick (✓) the appropriate box] <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide following details:											
(a) Account Title:					(b) Account No:						
(c) Name of Bank:					(d) Branch						
(e) Address:											
2. National Tax No. (Optional)											
3. Nationality:											
4. Residential Status [Please tick (✓) the appropriate box]											
		<i>Resident</i>	<i>Non Resident</i>	<i>Repatriable</i>	<i>Non Repatriable</i>						
Pakistani		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Pakistani Origin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Foreign National		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
5. If you are maintaining any Special Convertible Rupee Account ("SCRA") please provide details in (a) to (c):											
(a) SCRA Account No:					(b) Bank Name:						
(c) Branch Details:											
6. Zakat Status:											
Please tick (✓) the appropriate box											
<input type="checkbox"/> Muslim Zakat payable											
<input type="checkbox"/> Muslim Zakat non-payable											
<input type="checkbox"/> Non-Muslim											
<input type="checkbox"/> Not Applicable											
<p>(If, according to Fiqh of the Applicant(s) Zakat deduction is not applicable, then relevant Declaration on prescribed format shall be submitted with the concerned issuer and the Participant)</p>											
7. Particulars of nominee (Optional but if desired, nomination should only be made in case of sole individual and not joint account)											
<p>[In case of death of Sub-Account Holder: Nomination may be made in terms of requirements of Section 80 of the Companies Ordinance, 1984, which inter alia requires that person nominated as of record shall not be a person other than the following relatives of the Sub-Account Holder, namely: a spouse, father, mother, brother, sister and son or daughter, including a step or adopted child.]</p>											
(a) Name of Nominees:											
(b) Father's/Husband's Name:											
(c) Relationship with Main Applicant: [Please tick (✓) appropriate box]											
		<input type="checkbox"/>	Spouse	<input type="checkbox"/>	Father	<input type="checkbox"/>	Mother				
		<input type="checkbox"/>	Brother	<input type="checkbox"/>	Sister	<input type="checkbox"/>	Son*				
		<input type="checkbox"/>	Daughter*							* Including step or adopted child	
(d) Address:											
(e) CNIC No: (in case of resident Pakistani)											
(f) Expiry date of CNIC:											
(g) NICOP No: (In case of non-resident Pakistani)											
(h) Expiry date of NICOP:											
(i) Passport details: (In case of a foreigner or a Pakistani origin)											
					Passport Number:						
					Place of Issue:						
					Date of Issue:						
					Date of Expiry:						
(j) Contact No:					(k) Fax: (optional)						
(l) E-mail											
(D) CDC SMS / IVR/WEB SERVICES ("CDC access")											
CDC provides FREE OF COST services under CDC access whereby sub-account holders can have real time access to their account related information											
1(a). SMS or e Alert/estatement is mandatory service, where alert are sent when ever certain activities take place in a sub-account statement is a service where your account balance statement will be electronically transmitted to your email address. Please subscribe to either SMS or e Alert/estatement service as a mandatory requirement. You can also subscribe to both the services.											
Short messaging service (SMS)					Mobile No. (+)			+ of Contact person as provided in a part A or part B of this form, as the case may be			
e Alert/estatement service					Email Address (+)						
1 (b). If you have subscribed statement please specify the frequency of statement [please tick (✓) the appropriate box]					Monthly <input type="checkbox"/>			Quarterly <input type="checkbox"/>			
2. Do you wish to subscribe to free of cost IVR Service? [please tick () the appropriate box]					<input type="checkbox"/> Yes		<input type="checkbox"/> No				
3. Do you wish to subscribe to free of cost Web Service? [please tick () the appropriate box]					<input type="checkbox"/> Yes		<input type="checkbox"/> No				
4. If you are subscribing to IVR and/or Web Service, please provide following details of your Contact Person											
(a) Date of Birth (DD/MM/YYYY)											
(b) Mother's Maiden Name:											
(c) Email Address (of contact person as provided in part A or part B of this form as the case may be)											

E. SUB -ACCOUNT OPERATING INSTRUCTIONS

1. Signatory(ies) to give instructions to the participant, pertaining to the operations of the Sub-Account.
(Please specify sub-account operating instructions in the relevant column along with names (incl. specimen signatures of authorised Signatory(ies))

	Names of Signatory(ies)	Specimen Signatures
(a)	_____	_____
(b)	_____	_____
(c)	_____	_____
(d)	_____	_____

2. Sub-Account Operating Instructions:
[Please (✓) appropriate box]

Either (Singly) or Survivor Attorney Jointly [any] _____ Any other

Please specify _____

F. BANK VERIFICATION

The following information is required to be verified by the Bank Manager only where the Main Applicant is maintaining bank account

Particulars of Main Applicant:

Bank Account Title: _____

Bank Account No: _____

Address of Applicant _____

Signature of Applicant _____

We do hereby verify the above particulars and signature of our above account holder: _____

Particulars of Bank Manager/ Authorized Offers: _____

Name: _____ E-mail: _____

G. AUTHORIZATION UNDER SECTION 12 AND 24 OF THE CDC ACT EXCLUSIVELY FOR SETTLEMENT OF UNDERLING TRADES INCULDING PLEDGE AND RECOVERY OF CHARGES AND LOSSES.

I/We the undersigned, hereby give my/our express authority to the Participant under Section 12 and Section 24 of the Central Depositories Act, 1997 to handle Book-entry Securities beneficially owned by me/us and entered in my/our Sub-Account maintained with the Participant for securities transactions that are exclusively meant for the following purposes:

- For the settlement of any underlying market transactions (trades) including off market transactions made by me/us from time to time;
- For pledge securities transactions with any Stock Exchange or a Clearing Company relating to any of my/our underlying market transactions (trades) to be settled through the Clearing Company from time to time;
- For the recovery of payment against any underlying market purchase transactions made by me/us from time to time;
- Movement by me/us from time to time of my/our Book-entry Securities from my/our Sub-Account under the Main Account under the control of the Participant to my/our Sub-Account under another Main Account under the control of the Participant or to my/our Sub-Account under any Main Account which is under the control of another Participant or to my/our Investor Account;
- Securities transactions which has been made by way of a gift of Securities by me/us to my/our Family Members or other persons in accordance with the CDC Regulations from time to time;
- Securities transactions pertaining to any lending or borrowing of Securities made by me/us from time to time in accordance with the CDC Regulations;
- For the recovery of any charges or losses against any or all of the above transactions carried out by me/ us or services availed; and/or h. Delivery Transaction made by me/us for any other purposes as prescribed by the Commission from time to time.

Specific authority on each occasion shall be given by me/us to the Participant for handling of Book-entry Securities beneficially owned by me/us for all other purposes as permitted under the applicable laws and regulations.

----- Note: Please note that above shall serve as a one-time fixed authorization to the Participant for handling of Book-entry Securities owned by the undersigned Sub-Account Holder(s) and entered in his/her/their Sub-Account maintained with the Participant. Handling of Book-entry Securities for all other purposes should however require specific authority in writing from the undersigned Sub-Account Holder(s) in favour of the Participant. For handling of Book-entry Securities worth Rs. 500,000/- and above, the above mentioned specific authority shall be obtained on non-judicial stamp paper. I/We the undersigned, hereby give my/our express authority to the Participant under Section 12 and Section 24 of the Central Depositories Act, 1997 to handle Book-entry Securities beneficially owned by me/us and entered in my/our Sub-Account maintained with the Participant for securities transactions that are exclusively meant for the following purposes

IMPORTANT

Please read and understand the Terms and Conditions of the Central Depository Company of Pakistan Limited:

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:

1. 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.
2. 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.
3. 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.
4. 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).
5. 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.
6. The Book-entry Securities owned by the Sub-Account Holder shall be exclusively entered in the Sub-Account of such Sub-Account Holder.
7. 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 constitute 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.
8. 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.
9. Participant shall send within 10 days of end of each quarter Account Balance statement to the Sub-Account Holder without any fee or charge showing the number of every Book-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 under prior intimation 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.
12. 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).
18. 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 in securities.
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 offer IVR/ Web/ SMS (*CDS access*) facility to the Sub-Account Holder as a mandatory requirement.
22. 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

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 Condition 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 User 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 of 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 direction, offices and employees for the time being in office and held them harmless from and against and losses, damages, costs and expenses incurred or suffered by them as a consequence of use of the IVR system, internet/web access, SMS of 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 advanced 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 condition and term 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.

Name of Applicant:	Date: Place:	Signature
Name of Joint Applicant No 1:	Date: Place:	Signature
Name of Joint Applicant No 2:	Date: Place:	Signature
Name of Joint Applicant No 3:	Date: Place:	Signature
For and on behalf of <i>(In case if signed by the Attorney on behalf of the Applicant(s))</i>		
I/we hereby agree to admit the Applicant(s) as the Sub-Account Holder(s) in terms of the above Terms and Condition as amended from time to time and shall abide by the same in respect of opening, maintenance and operation of such Sub-Account.		
Name of Participant:	Date:	
Participant's Seal & Signature		
Witnesses:		
1. Name	CNIC No:	
Signature		
2. Name	CNIC No:	
Signature		

Enclosure:

1. Attested copy of CNIC / NICOP / Passport of the Applicants / Joint Applicant / 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)

* 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 the Applicant(s) should be submitted.

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

Participant

H. FOR THE USE OF PARTICIPANT ONLY:

Particulars of Sub-Account Opening Form verified by:				Stamp:		
Application:	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Rejected	Signature (Authorized signatory)	Date:
Sub-Account issued:						
Account opened by:						
Saved by:				Posted by:		
Signature:		Date:		Signature:		Date:
Remarks: (if any)						

To,
M/s. DJM Securities (Pvt.) Ltd.
TRE Certificate Holder
Karachi Stock Exchange (G) Ltd.,
Karachi.

Subject: _____ **Request for Provision of SMS and Web Access Facilities**

Dear Sir,

I would like to subscribe to your SMS and WEB Access facilities and request you to send me order execution reports on daily basis to my Cell No._____. I realize that I shall be responsible to inform you in writing within 24 hours in case of any discrepancy found in the confirmation. I would also like to request you to provide me with a log-in ID to access my account ledger and CDC statements.

Looking forward to having your cooperation as ever.

Yours sincerely,

Name: _____

Signature: _____

N.I.C: _____

Dated: _____

ACKNOWLEDGEMENT RECEIPT

Application No:	Date of receipt:
<i>I/we confirm and acknowledge the receipt of duty filled and signed Sub-Account Opening Form from the following Applicant:</i>	
[Insert Name of Applicant(s)]	Participant's Seal & Signature
1.	
2.	
3.	
4.	

ACKNOWLEDGEMENT RECEIPT

Application No:	Date of receipt:
<i>I/we confirm and acknowledge the receipt of duty filled and signed Sub-Account Opening Form from the following Applicant:</i>	
[Insert Name of Applicant(s)]	Participant's Seal & Signature
1.	
2.	
3.	
4.	

SUB-ACCOUNT OPENING FORM FOR A COMPANY OR OTHER BODY CORPORATE



DJM SECURITIES (PVT) LTD.
 A one stop financial services company
 TRE Certificate Holder
 Karachi Stock Exchange Limited

For Official use of Participant only	
Application Form No.:	
CDS Participant ID:	
Sub-Account No.:	
Trading Account No.:	
(if applicable)	

(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)

(Please use BLOCK LETTERS to fill the form)

I/We hereby apply for opening of my/our Sub-Account under the Account Family of DJM SECURITIES (PVT.) LIMITED (hereinafter referred to as "Participant") maintained in the Central Depository System ("CDS") of the Central Depository Company of Pakistan Limited ("CDC"). My/our particulars are given as under:

A. REGISTRATION (AND OTHER) DETAILS OF MAIN APPLICANT										
1. Full name of Applicant (As per constitutive documents)										
2. Registration Number / Unique Identification Number ("UN")										
3. Contact Details of Applicant:										
<i>(a) Mailing Address:</i>										
<i>(b) Contact No.:</i>			<i>(c) Fax:</i>			<i>(d) Email:</i>				
<i>(e) Registered office/Head Office Address</i>										
4. Details of Contact Person of the Applicant: <i>(Should only be an official or an Attorney of the Applicant)</i>										
<i>(a) Name Mr./Mrs./Ms.:</i>										
<i>(b) Association of the Attorney with the Applicant:</i>										
<i>(c) Address:</i>										
<i>(d) CNIC No:</i> <small>[only where Contact Person is an Attorney]</small>										
<i>(e) Expiry date of CNIC:</i>										
<i>(f) Contact No:</i>			<i>(g) Fax:</i>			<i>(h) E-mail address:</i>				
5. Shareholder Category <i>[Please tick (ii) the appropriate box]</i>				<input type="checkbox"/>	Investment Company	<input type="checkbox"/>	Modaraba			
				<input type="checkbox"/>	Insurance Company	<input type="checkbox"/>	Modaraba Management Company			
				<input type="checkbox"/>	Charitable Trust	<input type="checkbox"/>	Cooperative Society			
				<input type="checkbox"/>	Leasing Company	<input type="checkbox"/>	Mutual Fund			
				<input type="checkbox"/>	Bank/Financial Institution	<input type="checkbox"/>	Other <i>(Please specify)</i>			
				<input type="checkbox"/>	Joint Stock Company					
B. OTHER INFORMATION OF APPLICANT										
1. Dividend Mandate <i>[Please tick (ii) the appropriate box]</i>				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, please give details:		
<i>(a) Account Title:</i>				<i>(b) Account No:</i>						
<i>(c) Name of Bank:</i>				<i>(d) Branch:</i>						
<i>(e) Address:</i>										
2. National Tax No. (Optional)					3. Nationality:					
4. Residential Status <i>[Please tick (ii) the appropriate box]</i>				<i>Resident</i>	<i>Non-Resident</i>	<i>Repatriable</i>	<i>Non-Repatriable</i>			
Pakistani				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Foreign Company / Corporate body				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5. If you are maintaining any Special Convertible Rupee Account ("SCRA"), please provide details in (a) to (c):		<i>(a) SCRA Account No:</i>			<i>(b) Bank Name:</i>					
		<i>(c) Branch Details:</i>								

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

Participant

(C) CDC SMS / IVR/WEB SERVICES ("CDC access")

CDC provides FREE OF COST services under CDC access whereby sub-account holders can have real time access to their account related information

1(a). SMS or e Alert/estatement is mandatory service, where alert are sent when ever certain activities take place in a sub-account estatement is a service where youraccount balancestatement will be electronically transmitted to your email address. Please subscribe to either SMS or e Alert/estatement service as a mandatory requirement. You can also subscribe to both the services.

Short messaging service (SMS)	Mobile No. (†)	† of Contact person as provided in a part A or part B of this form. as the case may be	
e Alert/estatement service	Email Address (†)		
1 (b). If you have subscribed estatement please spcify the frequency of estatement [please tick (✓) the appropriate box]	Monthly	<input type="checkbox"/>	Quarterly <input type="checkbox"/>

2. Do you wish to subscribe to free of cost IVR Service? [please tick () the appropriate box] **Yes** **No**

3. Do you wish to subscribe to free of cose Web Service? [please tick () the appropriate box] **Yes** **No**

4. If you are subscribing to IVR and/or Web Service, please provide following details of your Contact Person

(a) Date of Birth (DD/MM/YYYY) _____ / _____ / _____

(b) Mother's Maiden Name: _____ (c) Email Address (of contact person as provided in part A or part B of this form as the case may be)

D. SUB -ACCOUNT OPERATING INSTRUCTIONS

1. Signatory(ies) to give instructions to the participant, pertaining to the operations of the Sub-Account. <i>(Please specify sub-account operating instructions in the relevant column along with names (incl. specimen signatures of authorised Signatory(ies))</i>	Names of Signatory(ies)		Specimen Signatures	
	(a)			
(b)				
(c)				
(d)				

2. Sub-Account Operating Instructions: [Please (✓) appropriate box]

<input type="checkbox"/> Singly	<input type="checkbox"/> Attorney
<input type="checkbox"/> Jointly [any] _____	<input type="checkbox"/> Any other

E. AUTHORIZATION UNDER SECTION 12 AND 24 OF THE CDC ACT EXCLUSIVELY FOR SETTLEMENT OF UNDERLING TRADES INCULDING PLEDGE AND RECOVERY OF CHARGES AND LOSSES.

I/we, the underigned, hereby give my/our express authority to the Participant under Section 12 and Section 24 of the Central Depositories Act, 1997 to handle Book-entry Securities beneficially owned by me/us and entered in my/our Sub-Account maintained with the Participant for securities transaction that are exclusively meant for the following purpose:

- a. For the settlement of any underlying market transactions (trades) including off market transactions made by us from time to time;
- b. For pledge securities transactions with any Stock Exchange or a Clearing Company relating to any of our underlying market transactions (trades) to be settled through the Clearing Company from time to time;
- c. For the recovery of payment against any underlying market purchase transactions made by us from time to time;
- d. Movement by me/us from time to time of my/our Book-entry Securities from my/our Sub-Account under the Main Account under the control of the Participant to my/our Sub-Account under another Main Account under the control of the Participant or to my/our Sub-Account under any Main Account which is under the control of another Participant or to my/our Investor Account;
- e. Securities Transactions which has been made by way of a gift of securities by me/us to my/our faimly members or other persons in accordance with the CDC Regurlations from time to time;
- f. Securities transactions pertaining to any lending or borrowing of Securities made by me/us from time to time in accordance with the CDC Regulations;
- g. For the recovery of any charges or losses against any or all of the above transactions carried out by us or services availed; and/or
- h. Delivery Transaction made by me/us for any other purposes as prescribed by the Commission from time to time.

Specific authority on each occasion shall be given by me/us to the Participant for handing of Book-entry Securities owned by me/us for all other purpose as permitted under the applicable laws and regulations.

Note: Please note that above shall serve as a one-time fixed authorization to the Participant for handing of Book-entry Securities owned by the undersigned Sub-Account Holder(s) and entered in his/her/their Sub-Account maintained with the Participant. Handing of Book-entry Securities for all other purpose should however require specific authority in writing from the undersigned Sub-Account Holder(s) in favour of the Participant. For handing of Book-entry Securities worth Rs. 500,000/- and above mentioned specific authority shall be obtained on non-judicial stamp paper.

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

Participant

ONLINE INTERNET TRADING CLIENT DECLARATION

I.....being A/CNo:do hereby declare that I am aware of the following Terms and Conditions imposed by the **DJM Securities (Pvt) Limited.**, and I hereby undertake to abide by the following Terms and Conditions:

1. All transactions shall be subject to the rules of the **Karachi Stock Exchange** and other laws and regulations of SECP and in particular to the authority hereinafter granted by the client to the **D.J.M Securities (Pvt) Ltd.**
2. I hereby permit and authorize **D.J.M Securities (Pvt) Limited.**(hereinafter referred to as “Broker”),at their absolute discretion and at my risk ,to sell and transfer any or all of the shares or securities, registered in my securities account to be opened by me and maintained by the **D.J.M Securities (Pvt) Limited** at the Central Depository system in order to make good and compensate for any loss or damages incurred or sustained by the **D.J.M Securities (Pvt) Limited**, as a result of my default in making any payments lawfully due to the **D.J.M Securities (Pvt) Limited**, on or before the settlement date.
3. The above authority i.e. the right to sell securities given to the **D.J.M Securities (Pvt) Limited** by me, is in addition to the other rights, powers and remedies available to the **D.J.M Securities (Pvt) Limited** under the laws, rules and regulations of SEC Pakistan .The authority granted hereby shall in no way affect or exempt me from any liability towards the **D.J.M Securities (Pvt) Limited** arising from or consequent upon any such default.
4. Before every purchase order, I agree to deposit in cash /cash cheques, at least equivalent to 50% of the value of the order or in the alternative have adequate securities in my account, to cover at least 50% of the value of the order .
5. I acknowledge that the market data provided to me are obtained from Karachi Stock Exchange Sources believed to be reliable, are provided solely on a **Internet Trading Guideline basis** and that no guarantees are made by the **D.J.M Securities (Pvt) Limited** as to their accuracy, completeness, timeliness or correct sequencing. I agree that the **D.J.M Securities (Pvt) Limited** will not be liable to me or have any responsibility whatsoever, for: (a) any Losses arising out of or relating to a cause over which the **D.J.M Securities (Pvt) Limited** do not have direct /indirect control, including the failure of electronic or mechanical equipment or communication lines, telephone or network problems, unauthorized access; or (b) any special ,indirect, incidental, consequential, punitive or exemplary damages that I may incur in connection with my use of the Services provided by the **D.J.M Securities (Pvt) Limited** under this Agreement.
6. If **E-STATEMENT**, I agree to accept all my statement via email. I will no longer receive statements in paper. I hereby confirm that any change in my **e-mail address** or any request for discontinuation of the **E-Statement** facility will be immediately informed by me in writing to the **D.J.M Securities (Pvt) Limited**. I specially agree that liability of the **D.J.M Securities (Pvt) Limited** to send the **E-Statement** to me is ceased at the time of the **D.J.M Securities (Pvt) Limited** affecting the E- Statement to the last given email address of mine.
7. I hereby agree that the **D.J.M Securities (Pvt) Limited** shall not be responsible for any delay or failure to comply with any part of these terms and conditions resulting from causes beyond the **D.J.M Securities (Pvt) Limited**'s control, including but not being restricted to act of God, fires, explosions, floods, earthquakes, wind storm, national strikes, national riots, national boycotts, wars, laws, regulations or acts of any government or from other causes beyond the control of the **D.J.M Securities (Pvt) Limited** which by the exercise of due diligence the **D.J.M Securities (Pvt) Limited** is unable to prevent.
8. I hereby undertake to give you notice in writing of any changes of particulars given overleaf.

.....
Signature of the main applicant

FOR OFFICE USE ONLY

Name :

Signature :

Date :

Approved by:

Name :

Signature :

Date :

Assigned User Name:

Head of IT :

Date :

Annexure - A

KNOW YOUR CLIENT (KYC) APPLICATION FORM

FOR INDIVIDUAL

Please fill this form in ENGLISH and in BLOCK LETTERS.

A: IDENTITY DETAILS

- 1. **Name of the Applicant:**
- 2. **Father's/ Spouse Name:**
- 3. **Gender:** Male/ Female **b. Marital status:** Single/ Married **c. Date of birth:** (dd/mm/yyyy)
- 4. **Nationality:** **b. Status:** Resident Individual/ Non Resident/ Foreign National
- 5. **CNIC** **b. Unique Identification Number if any:**
- 6. **Specify the proof of Identity submitted:**

B: ADDRESS DETAILS

- 1. **Address for correspondence:**
City/town/village: Postal Code: State: Country:
- 2. **Contact Details:** Tel. (Off.) Tel. (Res.) Mobile No.: Fax: Email id:
- 3. **Specify the proof of address submitted for correspondence address:**
- 4. **Permanent Address** (if different from above or overseas address, mandatory for Non-Resident Applicant):
City/town/village: Postal Code: State: Country:
- 5. **Specify the proof of address submitted for permanent address:**

C: OTHER DETAILS

- 1. **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)
- 2. **Occupation (please tick any one and give brief details):** Private Sector/ Public Sector/ Government Service/Business/ Professional/ Agriculturist/ Retired/ Housewife/ Student/ Others
- 3. **Please tick, if applicable:** Politically Exposed Person (PEP)/ Related to a Politically Exposed Person (PEP)
- 4. **Any other information:**
- 5. **Have you or any of your immediate family member been associated with a listed company in the last :**
YES NO
- 6. **Have you or any of your immediate family member been a Broker/Trader in the last six month:**
YES NO

KNOW YOUR CLIENT (KYC) APPLICATION FORM

Please fill this form in ENGLISH and in BLOCK LETTERS

FOR NON INDIVIDUALS

A: IDENTITY DETAILS

1. **Name of the Applicant:**
2. **Date of incorporation:** (dd/mm/yyyy) & **Place of incorporation:**
3. **Date of commencement of business:** (dd/mm/yyyy)
4. **NTN No :** **Registration No**
5. **Status (please tick any one):**
 Private Limited Co. /Public Ltd. Co. /Body Corporate/Partnership/Trust/Charities/NGO's/AOP/ Bank/Government Body/Non-Government Organization/Defense Establishment/Society/LLP/ Others (please Specify)

B. ADDRESS DETAILS

1. **Address for correspondence:**
 City/town/village: City Code: State: Country:
2. **Contact Details:** Tel. (Off.) Tel. (Res.)

 Mobile No.: Fax: Email id:
3. **Specify the proof of address submitted for correspondence address:**
4. **Registered Address** (if different from above):
 City/town/village: City Code: State: Country:
5. **Specify the proof of address submitted for registered address:**

C. OTHER DETAILS

1. **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-1 crore/ > 1 crore
2. **Net-Income as on** (date) (dd/mm/yyyy): (*Net income should not be older than 1 year)
3. **Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Trustees/whole time directors:**
 Politically Exposed Person (PEP)/ Related to a Politically Exposed Person (PEP)
4. **Any other information:**
5. **Have you or any of your Directors been associated with a listed company in the last six month:**
 YES NO
6. **Have you or any of your Directors been a Broker/Trader in the last six month:**
 YES NO

D.J.M Securities (Pvt) Limited Know Your Customer (KYC) and Customer Due Diligence (CDD) policies and procedures

D. 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)

E: 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

BOARD RESOLUTION

“**RESOLVED** that an application be made on behalf of _____ to **DJM SECURITIES (PVT.) LTD.**, for opening an Account and for the aforesaid purpose the Account Opening Form including Terms and Conditions as set out herein be executed on behalf of _____.

FURTHER RESOLVED that Mr./ Ms. _____ and Mr./Ms. _____ be and are hereby authorized and empowered, either singly / jointly for and on behalf of _____ to sign and execute and deliver this Account Opening Form and Terms and Conditions and other documents in connection therewith, and to do any other act, deed or thing for and on behalf of _____ in respect of company’s application for opening an Account.

FURTHER RESOLVED that Mr./ Ms. _____ and Mr./Ms. _____ be and are hereby authorized and empowered, either singly / jointly to represent to the broker on all matters pertaining to the maintenance and operation of the Account, to deal, liase correspond with the broker and give instructions to fulfill all the responsibilities and obligations to the broker under the Law, Rules and Regulations and the Terms and Conditions in relation to the Account from time to time, and to deal with other incidental and ancillary acts, things and deeds”.

NAMES OF DIRECTORS

1. _____

2. _____

3. _____

4. _____

5. _____

DJM SECURITIES (PVT) LTD.

Office # 203, 2nd Floor, Business & Finance Centre,
I.I. Chundrigar Road, Karachi-Pakistan

LETTER OF AUTHORITY

Dear Sir,

I want to inform you that I maintain a Sub A/C No. _____ under your Participant A/C No. 04895 for custody of my shares. I am often busy and cannot instruct you directly on the telephone or otherwise.

I, herefore, authorize Mr. _____,

S/o. _____ CNIC No. _____,

Address _____

To convey my instructions to you among others on the following matters :

- 1) To place orders for purchase / sale of shares of various companies at various rates.
- 2) To sign confirmation statement of various trades carried out on my behalf during the period.
- 3) To issue written instructions to you, for receipt / transfer of shares (through normal trade into / out of my C.D.C. Sub Account)
- 4) To receive A/c payee cheques in my name from you and make payments on my behalf in cash or by cheques.
- 5) To receive original / copies of Bills, Proceeds and Difference Bills and copies of Account Statements on my behalf.

DJM Securities (Pvt.) Ltd., will be fully indemnified, for all acts and omissions done, on behalf of my authorized person whose instructions shall be deemed as my instructions.

Yours sincerely,

Name : _____ S i g n a t u r e

Address: _____

CLIENT CODE ALLOCATION FORM

ACCOUNT TITLE		CODE : _____ KATS : _____																																																																																																																																																																																														
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Check List for Applicants

Have you attached following Documents with your application

S.#	Particulars			N.A.
1	Attested copy (ies) of your New N.I.C.(s)			N.A.
2	Attested copy of your Nominees”s New N.I.C.			N.A.
3	Zakat declaration form duly attested.			N.A.
4	Attested Copy(ies) of Passport(s) NRv- Only)			N.A.
5	Letter of Authorization	N.A.	N.A.	
6	Attested copy of Incorporation Certificate	N.A.	N.A.	
7	Copy of form “A”	N.A.	N.A.	
8	Copy of Resulation of Board of Directors	N.A.	N.A.	
9	Attested copy of NIC of Authorized person’	N.A.	N.A.	
10	Attested copy of Partnership Deed	N.A.	N.A.	
11	Copy of Memorandum & Association	N.A.	N.A.	
12	Copy of NTN Ceertificate	N.A.	N.A.	

13 Signature(s)	A. Client	B. Dealer	C. Broker
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Serial No. _____

Account Title _____

TRE Certificate Holder No.	K-016
Broker Registration No.	BRK-144
CDC Participant ID	04895

Trading Account No. _____

CDC Sub Account No. _____

CDC Investor Account No. _____