



Summit Capital (Private) Limited

Head Office: 701-702 7th Floor, Business & Finance Centre, Opposite State Bank of Pakistan.

I.I. Chundrigar Road, Karachi-74000. Ph: (92-21) 111-226-100

PABX: (92-21) 32467951-55 Fax: (92-21) 32467957

Commodity Futures Trading Account Opening Form

Note 1: Every column must be filled in

Note 2: Columns which are not applicable should be marked "NA" and also initialed.

Note 3: Each page of this form must be duly signed by the Account Holder (s) and the Broker.

Date: _____

Dear Sirs,

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

Nature of Account:

Individual:

Company:

For Office use only:

Trader Account Code.: _____

UIN: _____

FOR INDIVIDUAL ONLY

Date of Birth :	_____ (DD/MM/YYYY)
Nationality :	
Status: Resident <input type="checkbox"/>	Gender: Male <input type="checkbox"/>
Non Resident <input type="checkbox"/>	Female <input type="checkbox"/>
Address:	
Telephone Numbers :	Home:
	Office:
	Mobile:
	Fax:
Email:	
Computerized National Identity Card No (in case of non-Resident Passport No.) (Copy Enclosed):	
Occupation :	
Father / Husbands Name :	
Annual Income in last 3 Years :	Rs. _____

Main Applicant

Joint Applicant 1

Joint Applicant 2

For Summit Capital (Private) Limited



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FOR JOINT ACCOUNT HOLDER - 1

Date of Birth :	_____ (DD/MM/YYYY)
Nationality :	
Status: Resident <input type="checkbox"/>	Gender: Male <input type="checkbox"/>
Non Resident <input type="checkbox"/>	Female <input type="checkbox"/>
Address:	
Telephone Numbers :	Home:
	Office:
	Mobile:
	Fax:
Email:	
Computerized National Identity Card No (in case of non-Resident Passport No.) (Copy Enclosed):	
Occupation :	
Father / Husbands Name :	
Annual Income in last 3 Years :	Rs. _____

FOR JOINT ACCOUNT HOLDER - 2

Date of Birth :	_____ (DD/MM/YYYY)
Nationality :	
Status: Resident <input type="checkbox"/>	Gender: Male <input type="checkbox"/>
Non Resident <input type="checkbox"/>	Female <input type="checkbox"/>
Address:	
Telephone Numbers :	Home:
	Office:
	Mobile:
	Fax:
Email:	
Computerized National Identity Card No (in case of non-Resident Passport No.) (Copy Enclosed):	
Occupation :	
Father / Husbands Name :	
Annual Income in last 3 Years :	Rs. _____

FOR COMPANIES AND FIRMS ONLY

Company Registration No:	
Status:	Resident <input type="checkbox"/> Non Resident <input type="checkbox"/>
Address:	
Board Resolution dated _____ attached as Annexure "A" (Copy Enclosed)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Certificate of Incorporation attached as Annexure "B" (Copy Enclosed)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Business Commencement :	_____ (DD/MM/YYYY)
National Tax Number:	
Sales Tax registration Number:	

AUTHORISED PERSON

Name of authorized person to instruct, place, deal (buy or sell) and settle transactions and orders:

Name :	
Relationship to the account holder :	
National Identity Card No (Copy Enclosed):	
Address :	
Father / Husbands Name :	
Signature :	
Nature of Account :	Singly <input type="checkbox"/> Jointly <input type="checkbox"/>
Telephone Numbers :	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 DEPOSIT

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: Option 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:

Office address via postal mail/ courier	
Residential address via postal mail/ courier	
Email Address	
Fax Number:	
Direct Access to PMEX Portal:	Yes <input type="checkbox"/> No <input type="checkbox"/>

ACCOUNT(S) WITH OTHER BROKER(S) (OPTIONAL)

Name of Broker(s)	
Account Holder(s) ID a/c	
Exchange	
Name of Broker(s)	
Account Holder(s) ID a/c	
Exchange	

ACCOUNT WITH BANK

Name of Bank	
Savings/ Current Account Number (IBAN)	
Branch Address	

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.

Name of Nominee :	
Relationship to the Account Holder :	
National Identity Card No (Copy Enclosed):	
Address :	
Date of Birth :	_____ (DD/MM/YYYY)
Email Address :	
Telephone Numbers :	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.
13. The Exchange at the end of the stipulated period shall match the information provided by the Broker against Net Open Positions of the Account Holder(s) and shall confirm the Delivery / Receipt to be effected against Delivery information submitted by the Broker.
14. The Account Holder(s) shall co-ordinate with the Broker to ensure that all requirements for giving / taking delivery are fulfilled. The Account Holder(s) shall also ensure that all statutory requirements laid down regarding Sale / Purchase of goods including payment of taxes, local levies and other statutory / regulatory charges as prescribed under applicable laws from time to time are complied with.
15. The Account Holder(s) shall submit Invoices any and all such other documents as required under the prevalent laws and forward the same to the Clearing House within stipulated period as specified by the Exchange from time to time.
16. Account Holder(s) shall authorize the Broker to buy, sell or close out any part or all of the contracts held in the Account Holder(s) account with the Broker. The Account Holder(s) will reimburse the Broker for any and all such incidental expense as may be incurred by the Broker for and on account of the Account Holder(s).
17. 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 the Regulations and all such transactions recorded by the Broker in his books shall be conclusive and binding upon the Account Holder(s). However, the broker shall not obtain discretionary trading authority from the client. The broker shall place orders on behalf of the client from his login credentials. The brokers or his employee(s) shall not obtain and use password of the client.
18. While the Broker shall make every effort to carry out the instructions of the Account Holder(s), within the limits of the prices instructed by the Account Holder(s), and to execute the instructions in full, the Broker does not in any manner, express or implied, guarantee, promise, warrant, represent or assure that the instructions of the Account Holder(s) will be implemented fully or even partially and/or within the limits notified by the Account Holder(s). The Account Holder(s) agree(s) that it/they shall not be entitled to make any claim against the Broker and the Broker shall not be responsible for any loss arising out of instructions not implemented fully or partially, due to oversight or reasons not attributable to the Broker or reasons beyond the Broker's control, unless the loss to the Account Holder(s) has arisen out of the gross negligence or oversight of the Broker.
19. All purchases and sales of commodity futures contracts shall be executed by the Broker and the Account Holder during the trading hours of the Exchange. Unless the Account Holder(s) give(s) specific instructions to the Broker to the contrary, the Account Holder(s) acknowledge(s) that all orders shall be good for the pertinent day only and shall lapse at the end of the official trading day of the Exchange.
20. The Broker may, from time to time at the request of the Account Holder(s) or of its own volition, provide to the Account Holder(s) information relating to investment opportunities in the market and/or of finances/ economic nature. The Broker however does not guarantee the accuracy/veracity/reliability of such information and the Account Holder(s) acknowledge(s) that any steps or instructions issued in reliance of such information shall be deemed to have been unilaterally taken/ issued by the Account Holders at his/her/their sole risk and responsibility in respect of the consequences emanating there from. It is agreed and understood that the decision to sell or purchase any commodities or to make any investments or disinvestments, shall be deemed to have been made only by the Account Holder(s) based on his/her/ their own acumen and judgment, without any representation or assurance from the Broker as to its profitability or viability.
21. The Broker is entitled to assume the correctness and validity of any instructions given by or which appear to have been duly authorized by the Account Holder(s) and his Authorized Person and any action taken by the Broker shall be valid and binding upon the Account Holder

22. The Broker shall provide the trade confirmation of the executed transactions to the 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 17
23. In case there are any error(s) in the trade 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). Provided however, the Broker's decision as to whether or not there has been any error in the daily confirmation statement, shall be conclusive and binding upon the Account Holder(s).
24. Provisions in case of Default: In the event of a default of a Broker on his own account, the Account Holder(s) money shall not be utilized to meet the Broker's liabilities. In such cases, the Account Holder(s)'s positions shall be either transferred to another solvent Broker or closed-out as per the Regulations of the Exchange. The loss, if any, caused to the Account Holder(s) because of such action would be recoverable by the Account Holder(s) from the Broker. In the event of failure of the Account Holder(s) to fulfill his obligations to the Broker, the Exchange or the Clearing House, the Account Holder(s)'s position may be closed out and the money, if any, of the Account Holder(s) available with the Broker or with any other Broker or the Exchange, may be adjusted against the Account Holder(s)'s liabilities / obligations.
25. In case of any amount due from the Account Holder(s) has not been paid within the period specified, the Broker shall have the right to settle the outstanding amounts by closing out the contract. The Account Holder(s) shall further be liable for all losses, damages, costs and expenses, which the Broker may suffer or sustain due to non-payment by the Account Holder(s).
26. The Account Holder(s) shall have a right to obtain a copy of his/her/their ledger statement under official seal and signature of the Broker or his authorized representative on a monthly basis and otherwise as and when required by the Account Holder(s)' at a reasonable cost to the Account Holder(s). In case of any discrepancy in the ledger statement, the Account Holder(s) shall inform the Broker within 1 (one) day of receipt of the ledger statement to remove such discrepancy.
27. The Account Holder (s) shall operate the account and execute transactions himself/herself/themselves unless the Account Holder(s) authorize Mr./Ms./ _____ I. D. No. _____ (Authorized Person) to transact in the account in which event the transactions shall be executed by the Authorized Person on behalf of the Account Holder(s). All transactions executed by the Authorized Person shall be binding upon the Account Holder(s). The Broker shall upon receipt of instructions from the Account Holder or the Authorized Person is entitled to purchase or sell, the commodities and deal in and engage in transactions in commodities upon the instructions of the Account Holder(s) and/or his/her/their Authorized Persons, as provided in Clause 17 hereinabove.
28. The Broker shall be responsible to append a list of his authorized traders and designated employees, who can deal with the Account Holder(s), with this Account opening form and a copy of both the opening form and the list will be provided to the Account Holder(s). Any change therein shall be intimated in writing to the Account Holder(s) with immediate effect. The Account Holder(s) shall not deal with any person at the Broker's office, except with the Broker's key personnel. The Broker shall not be responsible for any dealings between the Account Holder(s) and any unauthorized person.
29. The Account Holder(s) shall pay such commission at such rates and on such basis as the Broker may from time to time advise to the Account Holder(s) in writing, in accordance with prescribed rates stipulated by the Exchange or at such rates as the Broker may decide within the limits stipulated by the Exchange. Besides, the Brokers may also authorized to collect any levies, charges, taxes, rates, duties, including central excise duties, sales tax, etc. on each transaction as may be levied by the Federal, Provincial or Local Government(s), the Commission and/or the Exchange. In case any withholding tax is applicable on payments to be made to the Account Holder(s), the same shall be withheld in accordance with the pertinent regulations.

30. The Broker shall not disclose the information of the transactions of the Account Holder(s) to any third party and shall maintain the confidentiality of this information. However, in case any appropriate Court, Tribunal, Exchange, the Commission, the State Bank, the Investigating Agencies (such as NAB, FIA, ANF, etc.) or the Federal or Provincial or Local Government(s) as the case may be, in exercise of its/their powers under the law require(s) any such information, the Broker shall be obliged to disclose the same for which the Account Holder(s) shall not raise any objection whatsoever.
- Provided however that the Broker shall be allowed to share the details of the Account Holder(s) as mentioned in the Account Holder(s) registration form or any other information pertaining to the Account Holder(s) with parties / entities other than when required under law with the express permission of the Account Holder(s).
31. In case of merger of the Broker's corporate membership with another entity, subject to the condition that the beneficial ownership remain the same, the agreement and conditions laid down herein above shall remain effective, unless otherwise mutually agreed by the parties.
32. Acceptable mode of communication between the Account Holder(s) and the Broker shall be through letter (courier/ registered post/fax/Email) or by hand subject to receipt/acknowledgment, as per the medium chosen by the Account Holder(s) in the title page of this Account Opening Form. The onus of proving that the e-mail has been received by the recipient shall be on the sender sending the mail. The Broker may, however, at its discretion, insist upon a particular mode of receiving instructions from the Account Holder(s) in one of the above mentioned modes of communication and shall be further at a liberty to record, tape or in any other manner store such instructions. Any voice recording made by the Broker shall constitute evidence of the communication so recorded for such instructions.
33. In case of change of address or contact numbers of either party, the concerned party shall immediately notify the other party of the changes in writing. The Account Holder(s) further undertake(s) to promptly notify the Broker in writing of any change in the List of Authorized Person(s), as set out in this Account Opening Form. No change thereto shall be effective and the Broker shall be entitled to rely on the information pertaining to the Authorized Person(s) and the particulars, as recorded with the Broker without incurring any liability for doing so, until such time that the Broker is so notified in writing along with the credentials and specimen signature(s) of the replacement Authorized Person(s).
34. In the event of failure or refusal to effect the delivery against purchase contract by any Broker of the pertinent Exchange through whom the Broker may have purchased the commodities or refusal to accept delivery against any sales contract by any Broker of the said Exchange through whom the Broker may have sold the commodities, the Broker shall not be liable for any damages, costs or legal expenses which the Account Holder(s) may suffer or sustain and, in any such event, Regulations of the Exchange shall at all times prevail and shall be binding upon the parties.
35. The Broker shall not be liable for any fraud, forgery, mis-declaration or any other act or omission on the part of any Account Holder(s) and the contracts shall be purchased or sold at the sole risk of the Account Holder(s) with no obligation on part of the Broker.
36. Trade Obligations: The Account Holder(s) shall accept all trades executed, irrespective of the fact that the order is executed partially or in full, on the Exchange.
37. Account Holder(s) shall be liable to pay all taxes as may be applicable under the Federal and/or Provincial tax laws including sales tax, if applicable, in connection with deliveries and purchase of commodities against the open positions at the expiration of contracts.
38. The Account Holder(s) acknowledge(s) that the Broker has a general right of set-off in respect of any and all monies or sums of the Account Holder(s) or indicated in any account maintained by the Broker as being to the credit of the Account Holder(s) and that such right may be exercised at the discretion of the Broker upon non-payment or other default on part of the Account Holder(s) and in such manner as the Broker deems appropriate. The Account Holder(s) agrees and acknowledges that the Broker may dispose of any commodities or any other property of the Account Holder(s) at such time and prices as deemed appropriate by the Broker in its sole and unfettered discretion in order to recover amounts due to the Broker. The Account Holder(s) hereby authorizes the Broker to make such dispositions on its behalf and from the proceeds thereof to deduct/settle/ adjust/realize all sums that are or may become due and/or payable to the Broker from time to time.

39. In case the Account Holder(s) is/are Foreigner Resident, Foreigner Non-Resident and Non-Resident Pakistani, permission from the government of Pakistan and/or the State Bank of Pakistan shall be obtained by the Account Holder(s), if required under any laws, Rules or Regulations.
40. The Account can be closed by mutual consent, upon at least one month prior written notice by one party to the other. Upon service of such notice, no further transactions of commodities will be executed by the Broker on Account of the Account Holder(s), except that all pending orders shall be executed and all settlement shall be made. This is without prejudice to the right of the Broker to close the Account and to square off the Account Holder(s)' position and recover all out standings, dues, losses, etc. without any prior notice in event of non-payment or breach of any of the terms and conditions of this Agreement by the Account Holder(s). The Account Holder(s) shall continue to be liable for any shortfall.
41. Whenever any difference arises between Broker and his Account Holder(s) on the other hand or between Brokers and their Authorized Representatives, or between any Broker's Authorized Representative and the Broker's Account Holder(s) in connection with the trade or transaction or contracts on the Exchange, or anything incidental hereto, it should be referred to Arbitration in accordance with the Regulation of the Exchange.
42. I / We have read the Risk Disclosure Document appended hereto and understand the trading & risks involved in the trading of these instruments and am/are fully responsible for my/our dealings in these instruments.
43. I / We shall not, either acting alone or in concert with others, directly or indirectly, hold and control excess number of permitted contracts as fixed from time to time by the Exchange.
44. I / We shall not exercise a long or short position where, acting alone or in concert with others, directly or indirectly I / We will have exercised in excess of the commodity wise Position Limits of permitted commodity futures contracts as may be fixed from time to time by the Exchange with the approval of the Commission.
45. I / We, the Account Holder(s) acknowledge receipt of this account opening form (signed here by me/us in duplicate) along with the copies of all the annexure and I/we, the Account Holder(s) also undertake that I/we have understood all the above terms and conditions of this agreement which are acceptable to me/us.
46. I / We, the Account Holder(s) further confirm that all information given in this application is true and complete and hereby authorize the Broker to verify any information mentioned above from any sources deemed appropriate by the Broker.

Signature of Account holder		
Name:	Signature:	Dated:
Joint 1:	Signature:	Dated:
Joint 2:	Signature:	Dated:

For and on behalf of Broker		
Name:	Designation:	Dated:
Signature:		

Witness 1:

Name: _____

CNIC#: _____

Witness 2:

Name: _____

CNIC#: _____

Enclosures (for Individuals)

Important instruction to be followed by all Individual, Joint and Corporate Clients

1. Attested copy of valid CNIC/SNIC/NICOP/ARC/POC/Passport of the Applicants / Joint Applicants / Nominee(s) / Father / Husband / Beneficial Owner(s) and Attorney (as the case may be).
2. Attested copies of passports of the applicant, Joint Applicant(s), Beneficial Owner(s) and or Nominee(s) (in case of non-residents).
3. Copy of the letter of authorization from the Account Holder(s) of the person authorized to trade in my/our account (if other than the account holder).
4. A list of Transaction fee, Commission to be charged by Summit Capital (Private) Limited
5. Kindly fill KYC-Application Form for Individual from Page 12, and also fill for each joint applicant(s) separately.
6. Kindly provide Proof of Employment /Business i.e. (Visiting Card, Salary Slip / Income Tax Return/Wealth Tax Return), etc if main applicant is not the beneficial owner of the account, kindly provide the above mentioned documents for the beneficial owner and also provide all above mentioned documents for the Joint Applicant(s) separately.
7. Copy of NTN Certificate
8. Duly filled in and signed 'Foreign Account Tax Compliance Act - Customer Questionnaire' for the individual & separately for each joint applicant(s) if any.
9. Duly filled in and signed 'Common Reporting Standard Individual Tax Residency Self – Certification Form' for applicant & Separately for each joint applicant(s), if case of authorized person please filled and signed 'Controlling Person Tax Residency Self - Certification Form' from authorized person.
10. Kindly ensure that email address, mobile, number must be in the name of client as per the regulatory requirement.
11. Kindly provide photo copy of utility bills or Bank Statement for address verification.

Enclosures (for Corporate entities)

1. Certified true copy of Board Resolution
2. Certified true copies of Memorandum and Articles of Association / Bye Laws / Trust Deeds, Certificate of Incorporation, Certificate of Commencement of Business, Latest Audited Accounts, Form 29, Form 'A' & Form 21.
3. Kindly Fill KYC-Application Form for Corporate from Page 14.
4. Duly filled in and signed 'Common Reporting Standard- Entity Tax Residency Self – Certification Form' for Corporate Entity. Also for each of the authorized person(s) please filled and signed 'Controlling Person Tax Residency Self - Certification Form'. (attached)
5. List of Directors with attested copies of their CNICs.
6. List of Authorized Officers with attested copies of their CNICs.
7. Details of beneficial owners with attested copies of their CNICs.
8. Kindly provide signed commission slab for trading. (Format attached)
9. Duly filled in and signed 'Foreign Account Tax Compliance Act - Customer Questionnaire' for the Corporate Entity. (attached)
10. Copies of annual report for the last 3 years and Paid up Capital as on ____ / ____ / ____.



Summit Capital (Private) Limited

Head Office: 701-702 7th Floor, Business & Finance Centre, Opposite State Bank of Pakistan.
I.I. Chundrigar Road, Karachi-74000. Ph: (92-21) 111-226-100
PABX: (92-21) 32467951-55 Fax: (92-21) 32467957

KNOW YOUR CUSTOMER (KYC) APPLICATION FORM

(To be also used for Online Account Opening with AI)

(INDIVIDUAL)

(Form to be filled preferably in BLOCK LETTERS)

A. IDENTITY DETAILS OF APPLICANT					
1. Full name of Applicant (As per CNIC/SNIC/NICOP/ARC/POC/Passport^) Mr. / Mrs. / Ms.					
2. Father's / Husband's Name:			Mother Maidan Name		
3. a. Nationality:	b. Marital status:	<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	Male		Female	
4. a. CNIC/SNIC/NICOP/ARC/POC No:	c. Issue date		Lifetime		
b. Expiry date:	Passport Number:		Place of Issue:		
5. Passport details:^ (For a foreigner or a non-resident Pakistani)	Date of Issue:		Date of Expiry:		
6. Date of Birth					
B. ADDRESS DETAILS OF APPLICANT					
1.(a)Mailing Address: (Address should be different from authorized intermediary business address except for 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 for 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) Fax*:	(f) Email (If any):	
Specify the proof of address submitted for permanent address^:					
C. OTHER DETAILS					
1. Gross Annual Income Details (please specify):					
<input type="checkbox"/> Below Rs. 100,000		<input type="checkbox"/> Rs. 250,001 - Rs. 500,000		<input type="checkbox"/> Rs. 1,000,001 - Rs. 2,500,000	
<input type="checkbox"/> Rs. 100,001 - Rs. 250,000		<input type="checkbox"/> Rs. 500,001 - Rs. 1,000,000		<input type="checkbox"/> Above Rs 2,500,001	
2. Source of Income:					
3. Shareholder's/ Unit Holder's Category: INDIVIDUAL					
3. (a) Occupation: [Please tick (i) 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)			(c) Job Title / Designation		(d) Department:
(e) Address of Employer / Business:					
D. BANK DETAILS / E-WALLET					
Bank / E-Wallet Name					
IBAN / E-Wallet No:					
Bank Name:			IBAN No.:		
E-Wallet Provider Name:			E-Wallet Number:		

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

For Summit Capital (Private) Limited

**E. DECLARATION**

- I hereby confirm that all the information furnished above is 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 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 full and understood the relevant terms and conditions 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 acknowledge that I was informed by the Authorized Intermediary at the time of filing this KYC Application Form that these terms and conditions 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 with me by the Authorized Intermediary are any different from the ones specified in CKO Regulations, 2017 and available on CKO's website.

Signature of the Applicant _____

Date: _____ (dd/mm/yyyy)

Signature of the Applicant as per
CNIC/SNIC/NICOP/ARC/POC/Passport No^
(Only applicable if Applicant signature is different)**FOR OFFICE USE ONLY**

- I hereby confirm and acknowledge having provided in full the relevant terms and conditions attached as an Annexure to this KYC Application Form to the Customer at the time of filing of this KYC Application Form.
- I hereby confirm that I have informed the Customer at the time of filing this KYC Application Form regarding the availability of these terms and conditions 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.

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 Optional. In case of SNIC where country of stay is not Pakistan, email will be mandatory.

*** IBAN shall be mandatory for all Customers except for those who have provided an undertaking for exclusion from IBAN requirement due to any exception available under applicable laws, rules, regulations etc or where permitted by CKO for reasons to be recorded.

TERMS AND CONDITIONS FORMING MANDATORY PART OF KYC APPLICATION FORM FOR INDIVIDUAL AND KYC APPLICATION FORM FOR CORPORATES AS PRESCRIBED UNDER ANNEXURE II AND ANNEXURE III OF THESE REGULATIONS

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 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. 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 of 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 Pakistani Customers

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

For Summit Capital (Private) Limited



Summit Capital

• Stocks • Money Market • Forex • Commodity Futures

Summit Capital (Private) Limited

Head Office: 701-702, 7th Floor, Business & Finance Centre, Opposite State Bank of Pakistan.
I.I. Chundrigar Road, Karachi-74000. Ph: (92-21) 111-226-100
PABX: (92-21) 32467951-55 Fax: (92-21) 32467957

Annexure-III

KNOW YOUR CUSTOMER (KYC) APPLICATION FORM CORPORATE

(Please use BLOCK LETTERS to fill the form)

A. REGISTRATION (AND OTHER) DETAILS OF CUSTOMER				
1. Full name of Customer (As per constitutive documents)				
2. Date of Incorporation:		3. Incorporation Number:		4. Place of Incorporation:
5. Date of Commencement of Business:		6. National Tax No. (For exempted entities, supporting document should be provided/ Letter of Undertaking, where entities opt not to obtain NTN)		
7. Industry / Sector:				
8. Registration Number / Unique Identification Number ("UIN"):				
9. Details of Contact Person of the Customer: (Should only be an authorized representative of the Customer)				
(a) Name Mr./Mrs./Ms.:				
(b) Association of the Attorney with the Customer:				
(c) Address:				
(d) CNIC/SNIC/NICOP/ARC/POC No:				
(e) Expiry date of CNIC/SNIC/NICOP/ARC/POC:			(f) Designation of the official:	
(g) Tel. (Off.):*		(h) Mobile:	(i) Fax*:	(j) E-mail:
(h) Passport details: (For a foreigner or a non-resident Pakistani)				
Passport No:		Place of issue:	Date of Issue:	Date of Expiry:
1.(a) Mailing Address:				
City/Town/Village:		Province/State:		Country:
(b) Tel. (Off.):	(c) Mobile*:	(d) Fax*:	(e) Email:	
Specify the proof of address submitted for mailing address:				
2. (a) Registered Address:				
City/Town/Village:		Province/State:		Country:
(b) Tel. (Off.):	(c) Mobile*:	(d) Fax*:	(e) Email:	
Specify the proof of address submitted for registered address:				
1. Expected Annual Income:				
2. Net-equity / net-assets as on (date) _____ : (_____)				
3. Share holder's Category: [Please tick (✓) the appropriate box]				
				Modaraba
				Modaraba Management Company
				Cooperative Society
				Mutual Fund
				Other (Please specify)
D. BANK DETAILS**				
Bank Name:			IBAN No:	
E. DECLARATION				
I/we hereby confirm that all the information furnished above is true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be untrue or false or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.				
Signature of the Authorized Person			Date: _____	
Signature of the Authorized Signatory		Date		Seal/Stamp of the Authorized Intermediary

* Optional

** IBAN shall be mandatory for all corporate entities subject to any exception available under applicable laws, rules, regulations etc.

Main Applicant

Joint Applicant 1

Joint Applicant 2

Joint Applicant 3

For Summit Capital (Private) Limited

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, 2018.
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.
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 it does not abide by the timelines prescribed in the Centralized KYC Organization Regulations for submission of information and confirmation to the CKO, the CKO 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 Authorized Intermediaries agree to pay CKO the fees and charges as prescribed by CKO from time to time in respect of its KYC functions.
10. 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.
11. The Customer agrees and affirms that it shall be bound by and acts in accordance with the provisions of the Centralized KYC Organization Regulations.
12. These terms and conditions shall be governed by the laws of Pakistan.

Summit Capital (Private) Limited

Head Office: 701-702, 7th Floor, Business & Finance Centre, Opposite State Bank of Pakistan.
I.I. Chundrigar Road, Karachi-74000. Ph: (92-21) 111-226-100
PABX: (92-21) 32467951-55 Fax: (92-21) 32467957

SAHULAT KNOW YOUR CUSTOMER (KYC) APPLICATION FORM
(to be combined with Sahulat Account Opening Form)
(INDIVIDUAL RESIDENT PAKISTANI ONLY)

(Please use BLOCK LETTERS to fill the form)

A. IDENTITY DETAILS OF APPLICANT					
1. Full name of Applicant (As per CNIC/SNIC) Mr. / Mrs. / Ms					
2. Father's / Husband's Name:					
3. Marital status:		<input type="checkbox"/> Single	<input type="checkbox"/> Married		
4. a. CNIC/ SNIC No:					
b. Expiry date:					
5. Date of Birth					
B. ADDRESS DETAILS OF APPLICANT					
1.(a) Mailing Address: <i>(Address should be different from authorized intermediary business address except for employees of authorized intermediary)</i>					
(b) Tel. (Off.)*:		(c) Tel. (Res.)*:		City/Town/Village:	Province/State:
				Country:	
2.(a) Permanent Address: <i>(Mandatory to fill out if different from mailing address)</i>		(d) Mobile:		(e) Email*:	(f) Fax*:
				City/Town/Village:	Province/State:
				Country:	
C. OTHER DETAILS					
1. Gross Annual Income Details:		<input type="checkbox"/> Up to Rs. 100,000	<input type="checkbox"/> Rs. 250,001 - Rs. 500,000		
[Please tick (✓) the relevant box]		<input type="checkbox"/> Rs. 100,001 - Rs. 250,000	<input type="checkbox"/> Above Rs. 500,000		
2. Source of Income:					
3.(a) Occupation:		<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Business	<input type="checkbox"/> Housewife	<input type="checkbox"/> Household
[Please tick (✓) the appropriate box]		<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:			(c) Job Title / Designation:		
(d) Address of Employer/Business:					
D. BANK DETAILS					
Bank Name.:			IBAN No.:		
E. DECLARATION					
I hereby confirm that all the information furnished above is 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 untrue or false or misleading or misrepresenting, I am aware that I may be held liable for it.					
Signature of the Applicant		Date _____		Signature of the Applicant as per CNIC/ SNIC (Only applicable if Applicant signature is different)	
FOR OFFICE USE ONLY					
Authorized Signatory		Date _____		Seal/Stamp of the Authorized Intermediary	

* Optional

** For CNIC/SNIC, Mobile Number is Mandatory and Email is Optional



RISK DISCLOSURE DOCUMENT

RISK DISCLOSURE

This brief statement does not disclose all of the risks and other significant aspects of trading. In light of the risks, you should undertake such transactions only if you understand the nature of the futures contracts (and contractual relationships) into which you are entering and the extent of your exposure to risk. Risk of loss in trading in commodity future contracts can be substantial. You should carefully consider whether trading is appropriate for you in light of your experience, objectives, financial resources and other relevant circumstances. Future trading thus require not only the necessary financial resources but also the financial and emotional temperament as well as the understanding of the transaction since all transactions are carried out entirely all the risk and cost of the client. In case of any consequences or loss in the futures segment, the client shall be solely responsible for such loss and neither the exchange, nor the broker shall be responsible or liable for the same and it will not be open for any client to take the plea that no adequate disclosure was made or he was not explained the full risk involved by the broker. Client will be solely responsible for the consequences and no contract can be rescinded on that account.

RISKS INVOLVED IN TRADING IN FUTURES CONTRACTS

Effect of "Leverage" or "Gearing"

The amount of margin is small relative to the value of the commodity futures contract so the transactions are "leveraged" or "geared" commodity futures trading, which is conducted with a relatively small amount of margin, provides the possibility of great profit or loss in comparison with the principle trading, which is conducted with a relatively small amount of margin, provides the possibility of great profit or loss in comparison with the principle investment amount, but transactions in futures carry a high degree of risk. You should therefore completely understand the following statements before actually trading in commodity futures contracts and also trade with caution while taking into account your circumstances, financial resources, etc. if the prices move against you, you may lose a part of or the whole margin equivalent to the principle investment amount in a relatively short period of time. Moreover, the loss may exceed the original margin amount.

Commodity futures trading involves daily settlement of all positions. Every day the open positions are marked to market based on the settlement price. If the settlement price has moved against you, you will be required to deposit the amount of loss (notional) resulting from such movement. This margin will have to be paid before commencement of trading next day, unless demanded otherwise by the broker.

If you fail to deposit mark to market losses and additional margin by the deadline or if an outstanding debt occurs in your account, the broker may, without any further notice to the client, liquidate a part of, or the whole position, in order to bring the margin to the required level. In this case, you will be liable for any losses incurred due to such closeouts.

Under certain market conditions, an investor may find it difficult or impossible to execute transactions. For example, this situation can occur due to factors such as illiquidity i.e. when there are insufficient bids or offers or suspension of trading due to price limit or circuit breakers etc. In order to maintain market stability, the following steps may be adopted: changes in the margin rate, increases in the cash margin rate or others. These new measures may be applied to the existing open interests. In such conditions, you will be required to put up additional margins or reduce your positions upon notice from the broker.

You must ask the broker to provide the full details of the commodity futures you plan to trade i.e. the contract specifications and the associated obligations and ensure that your broker takes no positions without your express written authorization is you deem it necessary. Obligations and ensure that your broker takes no positions without your express written authorization is you deem it necessary.

RISK-REDUCING ORDERS OR STRATEGIES

The placing of certain orders (e.g., "stop-loss" orders, or "stop-limit" orders), which are intended to limit losses to certain amounts, may not be effective because market conditions may make it impossible to execute such orders. Strategies using combinations, of positions, such as "spread" positions, may as risky as taking simple "long" "short" positions.

SUSPENSIONS OR RESTRICTIONS OF TRADING AND PRICING RELATIONSHIPS

Markets conditions (e.g., illiquidity) and / or the operations of the rules of certain markets (e.g., the suspension of trading in any contract or contract month because of price limits "circuit breaker, closer of market due to force majeure situations, etc.") may increase the risk of loss due to liability to liquidate/off-set positions.

DEPOSITED CASH AND PROPERTY

You should familiarize yourself with the protections according to the money or other property you deposit particularly in the event of a firm insolvency or bankruptcy. The extent to which you may recover your money or property may be governed by the specific legislations or local rules. In some jurisdictions, property that has been specifically identifiable as your own will be pro-rated in the same manner as cash for purposes of distribution in the event of a short fall. In case of your claim, the same will also be governed by specific legislations or local rules and regulations and distributions out of counter party's assets may be on pro rata basis with first priority of claims of PMEX and secured creditors which might not leave anything for distribution among unsecured claimants like you. In case of any dispute with the brokers, the same shall be subject to arbitrations as per the regulations of the exchange.

COMMISSIONS AND OTHER CHARGES

Before you begin to trade, you should obtain clear explanations of all commission, fees and other charges for which you will be liable. These charges will affect your net profit (if any) or increase your loss.

TRADING FACILITIES

The exchange offers electronic trading facilities, which are computer-base systems for order routing, execution, matching, registration or clearing of trades. As with all facilities and systems, they are vulnerable to temporary disruption or failure and even hacking of lines unscrupulous person. Your ability to recover certain losses may be subject to limits on liability imposed by the system provider, the market, the clearing house and/or broker firms. Such limits may vary; you should ask the firm with which you deal in this respect. This document does not disclose all of the risks and other significant aspects involved in trading on a futures market. You as the client should therefore study futures trading carefully before becoming involved in it.

I hereby acknowledge that I have received and understood this risk disclosure statement.



FATCA Customer Consent Form - Individual
Title of Account Trading A/c No.

Under SECP directives, brokerage houses in Pakistan have registered with the U.S. Internal Revenue Services (IRS) and are required to comply with the FATCA and related regulations. Summit Capital (Private) Limited (SCPL) is required to request certain information from persons who maintain an account at Summit Capital (Private) Limited (whether such persons are U.S. taxpayer or not).

Please note that a failure to submit your tax form may force us to turn over (withhold) 30% of any U.S. sourced transactions to/from your account on a monthly basis directly to the IRS and/or closure of your account. This process will continue until such time that we receive your completed W-9 or W-8 form or other documentation to certify your status, as applicable.

Are you a citizen or resident of the USA? Yes No
US Resident - tick the appropriate box: US Citizen Green Card Holder Tax Resident in U.S.
Country of Citizenship and/or Residency:
Please state your country of birth:
Tax Identification Number (TIN):
US Tax Payer Status: W-9 (US Person) W-8BEN (Non US Person for Tax Purposes)

I/We hereby certify that the information I have provided in this form is true, correct and complete, I/we confirm that under no circumstances shall the Summit Capital (Private) Limited, its employees or its contractors be liable for any direct, indirect, incidental, special, punitive or consequential damages that may result in any way from their reliance on the information I/we have provided.

I/We authorize Summit Capital (Private) Limited to disclose information relevant to account and its operation to the concerned tax authorities for the purpose of complying with laws of my/our country of tax residence.

I/We agree and undertake to notify Summit Capital (Private) Limited within thirty (30) calendar days if there is any change in the information provided above.

Customer Full Name:
Signature Date:
Account Holder
Power of Attorney/ Mandate
Guardian
Other (please specify)
Capacity of signature (please tick 1 box only)

FATCA Customer Consent Form - Individual			
		For SCPL Use Only	
Title of Account		Trading A/c No.	

INFORMATION OF AUTHORISED SIGNATORY (FATCA US INDICATION)

Please confirm the signatory's FATCA status by checking the relevant box by "✓"

Documentation Required

- | | |
|--|--|
| <p>1 Is the account holder a U.S. citizen or lawful permanent resident?</p> <p>2 Is the place of birth of account holder in U.S.?</p> <p>3 Does the account holder have a US address or US phone number?</p> <p>4 Is there a power of attorney or signatory authority granted to person with U.S. address?</p> <p>5 Will there be instructions to transfer funds to U.S. accounts or directions regularly received from a U.S. address?</p> <p>6 Will there be an address on the file which is "in care of" or "holdmail" or U.S. P.O. Box and/or U.S. telephone number?</p> | <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide form W-9</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide form W-9 or W-8 BEN; and Non-U.S. passport/ID or similar documentation establishing foreign citizenship; and written explanation regarding U.S. citizenship.</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide form W-9 or W-8 BEN; and Non-U.S. passport/ID or similar documentation establishing foreign citizenship; and tax residence certificate.</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide form W-9 or W-8 BEN; and Non-U.S. passport/ID or similar documentation establishing foreign citizenship.</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide form W-9 or W-8 BEN; and documentary evidence establishing non U.S. status.</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide form W-9 or W-8 BEN; and documentary evidence establishing non U.S. status.</p> |
|--|--|

Name: _____
(Trader)

Signature: _____ Date: _____

Name: _____
(Branch Manager)

Signature: _____ Date: _____

Centralized Processing Unit

Customer Trading Account No. :

- FATCA Status:**
- US person
- Recalcitrant
- Non-US Person

Processor: Name: _____ Signature: _____ Date: _____

Supervisor: Name: _____ Signature: _____ Date: _____

FATCA Customer Questionnaire for Entities / Corporate - FORM A

Title of Account		Form No.	
------------------	--	----------	--

Classification for FATCA Purposes

- A. Is your entity incorporated / organized / resident in U.S.? Yes No
(A company created in U.S., established under the laws of U.S. or a U.S. tax payer)
- B. Is your entity incorporated / organized / resident other than U.S.? Yes No
- C. Is your entity a public listed company or an affiliate of a public listed company? Yes No
- D. Does your entity have U.S mailing / business/ registered address? Yes No
- E. Does your entity have U.S. Telephone Number? Yes No
- F. Does your entity have standing instruction to pay amount to a U.S. address or U.S. based account? Yes No
- G. Does the entity have a Power of Attorney or authorized signatory with a U.S. mailing address? Yes No
- H. Does the entity have an "in-care-of" or "hold mail" U.S address that is the sole address provided? Yes No
- I. Is the entity's income effectively connected with the conduct of a trade or business in the U.S.? Yes No

(If you have answered yes to any of the above questions please complete requested additional details on Form B)

- Is your entity Exempt Beneficial Owner (EBO)? Yes No
(If yes then fill Section A)
- Is your Entity a Financial Institution? Yes No
(If yes then fill Section B)
- Is your Entity a Non Foreign Financial Institution (NFFI)? Yes No
(If yes then fill Section C)

Section A: Exempt Beneficial Owner

- Tick the applicable category of Exempt Beneficial Owner
- Foreign governments and their political subdivisions and wholly owned instrumentalities an agencies
 - International organizations and their wholly owned instrumentalities and agencies
 - Foreign central banks of issue
 - Foreign retirement funds
 - Governments of U.S. possession
 - Foreign investment entities that are wholly owned by one or more other exempt beneficial owners

Section B: Financial Institutions.

- Tick the applicable category of financial institution
- FI resident in U.S. or U.S territory Sponsored Entity
 - Excepted FFI Deemed Compliant FFI
 - Non - Participating FFI Participating FFI
 - Other Please Specify _____

Kindly provide Global Intermediary Identification Number (GIIN) _____

If the Financial Institution does not have GIIN, please provide reason _____

Section C: Non Financial Foreign Entities (NFFE)

Tick the applicable category of financial institution

Active NFFE* <input type="checkbox"/>	Passive NFFE** <input type="checkbox"/>	Other Excepted NFFE <input type="checkbox"/>	Direct Reporting NFFE <input type="checkbox"/>
---------------------------------------	---	--	--

*Refer Glossary for the conditions of Active NFFE

If you select **Passive NFFE from the above, please provide in full the details requested in the table below of any Controlling Persons, who hold more than 10% or more interest in the Passive NFFE by vote or value.

Particulars of Beneficiaries/ Owners / Shareholder's / Trustee's or Settlers / Partner's / Director. (Controlling Person, who holds more than 10% or more interest in Passive NFFE by vote or value)

Name	U.S. Citizen / Green Card Holder/ Tax Resident		Place of Birth	Contact Number (with Country Code)	TIN (If applicable)
	Yes	No			
	Yes	No			
	Yes	No			
	Yes	No			
	Yes	No			

Ownership %	Position	Address

I/we authorized signatories of _____, acknowledge and declare under the penalties of perjury that information provided on Form A and on Form B (where applicable) is correct and true and complete to the best of my / our knowledge and belief. I/we under the penalties of perjury agree to provide supporting evidence and provide updates incase any of the aforementioned information changes. Incase Summit Capital (Private) Limited ("SCPL") has any reason to believe that the disclosed information is incorrect, SCPL reserves the right to take suitable action against me / us.

I/we hereby provide consent to and authorize SCPL, or any of its affiliates for the following, in respect of any local or foreign laws or regulations applicable to brokerage house:

- (a) to disclose, furnish or share information pertaining to my/our account to domestic or overseas regulators or tax authorities where necessary to establish our tax liability in any jurisdiction; and
- (b) to deduct withholding tax on my/our account when required to do so by domestic or overseas regulators or tax authorities or pay out from my/our account(s) such amounts as may be required according to applicable laws, regulations agreements with regulators or authorities and directives.
- (c) to comply with any obligations, requirements, policies, procedures, measures or arrangements for sharing information within the group of SCPL and/or any other use of information in accordance with any group wide programmes for compliance with sanctions or prevention or detection of money laundering, terrorist financing, fiscal evasion, avoidance of taxation or other unlawful activities.

We shall indemnify and hold SCPL harmless against any claim, damages, costs, expenses and other direct and/or indirect consequence of SCPL disclosing, furnishing and sharing any information pertaining to our SCPL account with any domestic or overseas regulators or tax authorities.

I/We understand that providing false information, withholding relevant information or responding in a misleading way, may result in rejection of my application or other appropriate action taken against me.

I/We undertake to notify SCPL within thirty (30) calendar days if there is a change in any information which we have provided to SCPL herein.

I/We undertake to complete, sign and provide such additional forms as may be prescribed from time to time and required to be furnished to SCPL in relation to the disclosure contained herein. We confirm that we have obtained an express consent from the ultimate beneficiary owner of our company to your using and disclosing information for the above purposes.

Authorized Signatory 1	Authorized Signatory 2
Title:	Title:
Signature	Signature
Date:	Date:
Account Holder <input type="checkbox"/> Power of Attorney <input type="checkbox"/>	Account Holder <input type="checkbox"/> Power of Attorney <input type="checkbox"/>
Others (Please Specify) <input type="checkbox"/>	Others (Please Specify) <input type="checkbox"/>

FATCA Customer Questionnaire for Entities / Corporate - FORM B		
Title of Account		Form No.

A. Incorporated / organized / resident in the U.S.

If yes then, U.S. Tax Identification Number _____

If No, please provide name of the country in which the entity is incorporated or organized _____

Place of incorporation of Parent Company (if applicable) _____

B. Publicly Listed

If publicly listed, please provide the names of exchange on which the entity is listed: _____

C. U.S Mailing / Business Registered Address

Address:		
City:	Country:	PO Box:

D. US Contact Number

Please provide US. Contact Number (with country code) _____

E. Standing Instruction

Instructions to transfer funds to any U.S. account

Please mention details: _____

F. Power Of Attorney (POA)

Please provide details of POA's:

Nationality:	Contact No.	Place of Birth:
Address:		
City:	Country:	PO Box:

G. Hold Mail

Please provide 'in care of' address or hold mail address:

Address:		
City:	Country:	PO Box:

H. Trading Partner

Please provide details of significant U.S. trading partner:

Nature of trade / business:
Name/s of U.S. entity/s with whom you trade / do business:

Note:

In case of U.S. Entity or Specified U.S. person, provide W9 form, otherwise provide applicable W8 form and documentary evidence to establish foreign status.

Introduction

Organization of Economic Cooperation and Development (OECD) has developed a common framework known as Common Reporting Standard for Automatic Exchange of information (AEOI). Government of Pakistan has signed the Multilateral Convention on Mutual Administrative Assistance in Tax Matters of OECD to implement CRS. As per the State Bank of Pakistan BPRD Circular Letter No. 10 dated 19 April 2017 and Government of Pakistan Notification SRO No. 166/I/2017, Summit Capital (Private) Limited is required to comply with the local applicable CRS requirements in accordance with relevant local laws and legally obligated to collect certain information and/or documents from the account holders related to their tax residence and report such information and/or documents with the appropriate tax authorities in compliance with CRS requirements applicable in Pakistan.

Under the CRS, SCPL Limited is required to determine where you are a 'tax resident'. Each CRS member country (jurisdiction) has its own rules for defining tax residency. In general, you will find that tax residency is the country/jurisdiction in which you live; however, this may not always be the case. Special circumstances may cause you to be resident elsewhere or resident in more than one country/jurisdiction at the same time (dual residency). If you are tax resident outside the country, whereas you hold account in Pakistan, we may need to provide Federal Board of Revenue (FBR) this information, along with information relating to your accounts, a maybe needed. That may then be shared with tax authorities of your tax residency/ies country/ies.

Who should complete this form?

This form is applicable for individual account holder and sole proprietor. For joint or multiple account holders, each individual shall complete a copy of the form. If you are completing this form on behalf of someone else (for e.g. minor), please ensure that you let them know that you have done so and tell us in what capacity (for e.g. guardian) you are signing.

Where you need to self-certify on behalf of an entity account holder, please fill "Entity CRS self-certification form". Similarly, if you are a controlling person of an entity, please fill in a "Controlling person tax residency self-certification form" instead of this form.

In case if you have already provided information in relation to the United States Government's Foreign Account Tax Compliance Act (FATCA), you may still need to provide additional information for the CRS as this is a separate regulation.

Self-certification Validity and Duty of Due Care. The form will remain valid unless there is a change in circumstances relating to information, such as the account holder's tax status or other mandatory field information that makes the form incorrect or incomplete. In that case it shall be your responsibility to notify us immediately and provide an updated self-certification within 30 days of such change in circumstances. Completion of this form will ensure that SCPL Limited holds accurate and up-to-date information about your tax residence. Your cooperation and due care will help you avoid any inconvenience that may occur due to inaccurate status reporting.

Further Information: If you have any questions on defining your tax residency status, please consult your professional tax consultant for advice. You can also find out more, including a list of jurisdictions that have signed agreements to automatically exchange information, along with details about the information being requested, on the OECD Portal and more information on Common Reporting Standard on FBR website <http://www.fbr.gov.pk>. Please refer provided CRS Key terms and definitions for your ready reference.

Key Terms and Definition

Note: These are selected definitions provided to assist you with the completion of this form. Further details can be found within the OECD

Common Reporting Standard for Automatic Exchange of Financial Account Information (the CRS"), the associated Commentary to the CRS, and domestic guidance. This can be found at the following link [OECD]. If you have any questions then please contact your tax adviser or domestic tax authority.

"Account Holder" The Account Holder means the person listed or identified as the holder of a Financial Account by the Financial Institution that maintains the account. A person, other than a Financial Institution, holding a Financial Account for the benefit or account of another person as agent, custodian, nominee, signatory, investment advisor or intermediary is not treated as holding the account for purposes of these rules and such other person is treated as holding the account. In the case of a Cash Value Insurance Contract or an Annuity Contract, the Account Holder is any person entitled to access the Cash Value or change the beneficiary of the contract. If no person can access the Cash Value or change the beneficiary, the Account Holder is any person named as the owner in the contract and any person with a vested entitlement to payment under the terms of the contract. Upon the maturity of a Cash Value Insurance Contract or an Annuity Contract, each person entitled to receive a payment under the contract is treated as an Account Holder;

"Controlling Person" This is a natural person who exercises control over an entity. Where an entity Account Holder is treated as a Passive Non-Financial Entity ("NFE") then a Financial Institution must determine whether such Controlling Persons are Reportable Persons. This definition corresponds to the term "beneficial owner" as described in Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012). **If the account is maintained for an entity of which the individual is a Controlling Person, then the "Controlling Person tax residency self-certification" form should be completed instead of this form.**

"Entity" The term "Entity" means a legal person or a legal arrangement, such as a corporation, organization, partnership, trust or foundation.

"Financial Account" A Financial Account is an account maintained by a Financial Institution and includes: Depository Accounts; Custodial Accounts; Equity and debt interest in certain Investment Entities; Cash Value Insurance Contracts; and Annuity Contracts.

"Participating Jurisdiction" "Participating Jurisdiction" means a jurisdiction (i) with which an agreement is in place pursuant to which there is an obligation in place to provide the information specified in rule 78C, and (ii) which is identified in a published list to be made available on FBR's web portal;

"Reportable Account" The term "Reportable Account" means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person

"Reportable Jurisdiction" Reportable Jurisdiction means all jurisdictions other than Pakistan and the United States of America;

"Reportable Jurisdiction Person" Reportable Jurisdiction Person means an individual or Entity that is resident in a Reportable Jurisdiction or an estate of a decedent that was a resident of Reportable Jurisdiction. For this purpose, an Entity such as a partnership, limited liability partnership or similar legal arrangement that has no residence for tax purposes shall be treated as resident in the jurisdiction in which its place of effective management is situated;

"TIN" (including "functional equivalent") The term "TIN" means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction. Further details of acceptable TINs can be found at the following link [OECD Portal]

Note: Some jurisdictions do not issue a TIN. However, these jurisdictions often utilize some other high integrity number with an equivalent level of identification (a "functional equivalent"). Examples of that type of number include, for individuals, a social security/insurance number, citizen / personal identification/service code/number, and resident registration number.

Individual tax residency self-certification FORM . (please complete parts 1-3 in BLOCK CAPITALS)

* Indicates mandatory field(s)

Do you hold tax residency of any country / jurisdiction other than Pakistan and/or United States? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Part 1 . Identification of Individual Account Holder				
A. Name				
	(First/Given)		(Middle)	(Last/Surname)
B. Residence Address <i>(This address is your current residential address and can be different from permanent address)</i>	House/Apt/Suite Name	Number	Street	Town/City
	Province/Country/State	Country	Postal/ZIP Code	PO Box (if any)
C. Mailing Address (please only complete if different to the address shown in Section B)	House/Apt/Suite Name	Number	Street	Town/City
	Province/Country/State	Country	Postal/ZIP Code	PO Box (if any)
D. Date of Birth				
E. Place of Birth	Town/City of Birth		Country of Birth	
Part 2 . Country of Residence for Tax Purposes and related Taxpayer Identification Number or equivalent number* (*TIN*) * Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's TIN for each country indicated.				
Country of tax residence	TIN		If no TIN available enter Reason A,B or C	
1				
2				
3				
Note: Additional Country (ies) of Tax Residency (if any) to be listed in a separate sheet. If your Taxpayer Identification Number (TIN) or equivalent number is unavailable, please provide the appropriate reason A, B or C where indicated below.				
Reason A - The country where the Account Holder is liable to pay tax does not issue TINs to its residents				
Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)				
Reason C - No TIN is required. (Note. Only select this reason if the authorities of the country of tax residence provided above do not require the TIN to be disclosed)				
Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.				
1				
2				
3				
Declarations and Signature *				
<p>I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with the SCPL setting out how it may use and share the information supplied by me.</p> <p>I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information. I certify that I am the Account Holder (or I am authorized to sign for the Account Holder) in respect of all the account(s) to which this form relates.</p> <p>I hereby declare and confirm that all information provided in this Self-Certification Form is to the best of my knowledge and belief, correct and complete in all respects.</p> <p>I hereby indemnify and hold the SCPL and its directors, officers, representatives and employees harmless from all costs, expenses, losses, damages, liability, penalties incurred, suffered and/or imposed on the SCPL as a result of any suits, proceedings and/or litigation arising out of or in any manner connected with this Self Certification Form and/or the information supplied hereby.</p> <p>I undertake to notify the SCPL within 30 calendar days if there is change in any information which I have provided to the SCPL.</p>				

Name:*	
Signature: *	
Date:*	

Note: If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity: *	
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Entity tax residency self-certification FORM . (please complete parts 1-3 in BLOCK CAPITALS)

* Indicates mandatory field(s)

Part 1 – Identification of Account Holder				
A. Legal Name of Entity/Branch				
B. Country of Incorporation				
C. Current Residence Address				
	House/Apt/Suite Name	Number	Street	Town/City
	Province/Country/State	Country	Postal/ZIP Code	PO Box (if any)
C. Mailing Address (please only complete if different to the address shown in Section B)				
	House/Apt/Suite Name	Number	Street	Town/City
	Province/Country/State	Country	Postal/ZIP Code	PO Box (if any)
Part 2 . Entity Type*(Please provide the Account Holder’s Status by ticking one of the following boxes)				
1. (a) Financial Institution . Investment Entity				
a. An investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution (Note: if ticking this box please also complete Point 2 given below)				<input type="checkbox"/>
b. Other Investment Entity				<input type="checkbox"/>
1. (b) Financial Institution . Others (i) Depository Institution (ii) Custodial Institution or (iii) Specified Insurance Company				<input type="checkbox"/>
If you have ticked (a) or (b) above, please provide, if held, the Account Holderfs Global Intermediary Identification Number (“GIIN”) obtained for FATCA purposes.				
1. (c) Active NFE . a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation				
If you have ticked (c), please provide the name of the established securities market on which the corporation is traded regularly:				
If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity in (c) is a Related Entity				
1. (d) Active NFE - a government Entity or Central Bank				
1. (e) Active NFE - an International Organization				
1. (f) Active NFE - An Organization other than (c)-(e) For instance, Active NFE by reason of income and Assets, ii. Active NFE Holding NFE that are Member of a Non-Financial Group, iii. Active NFE Start-up NFE, iv. Active NFE that are Liquidating or emerging from Bankruptcy, v. Active NFE Treasury Centers that are Members of a Non-Financial Group, vi. Active NFE Non-Profit NFE				
1. (g) Passive NFE (Note: if ticking this box please also complete Point 2 below)				
2. If you have ticked 1(a)(i) or 1(g) above, then please fill in the below:				
a. Indicate the name of any Controlling Person(s) of the Account Holder:				
<div style="border-bottom: 1px solid black; width: 80%; margin-left: 0;"></div>				
b. Complete “Controlling Person tax residency self-certification form” for each Controlling Person.*				
<i>Note: If there are no natural person(s) who exercise control of the Entity then the Controlling Person will be the natural person(s) who hold the position of senior managing official. (See definition of Controlling Person in Appendix)</i>				

<p>Part 3. Country of Residence for Tax Purposes and related Taxpayer Identification Number or equivalent number* (“TIN”)* <i>Please complete the following table indicating</i></p> <p>(i) where the Controlling Person is tax resident and (ii) the Controlling Person’s TIN for each country indicated; and (iii) If the Controlling person is a tax resident in a country that is a Reportable Jurisdiction(s) then please also complete Part 3 “Type of Controlling Person”</p>		
Country of tax residence	TIN	If no TIN available enter Reason A, B or C
1		
2		
3		
<p>Note: Additional Country (ies) of Tax Residency (if any) to be listed in a separate sheet</p>		
<p>Reason A - The country where the Controlling Person is liable to pay tax does not issue TINs to its residents</p>		
<p>Reason B - The Controlling Person is otherwise unable to obtain a TIN or equivalent number.</p>		
<p>Reason C - No TIN is required. (Note. Only select this reason if the authorities of the country of tax residence provided above do not require the TIN to be disclosed)</p>		
<p>Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.</p>		
1		
2		
3		
4		
<p>Part 3 - Type of Controlling Person (Please only complete this section if you are tax resident in one or more Reportable Jurisdictions)</p>		
Please provide the Controlling Person’s Status by writing letter (a-m) in the appropriate box	Entity 1	Entity 2
<p>a. A legal person . control by ownership b. A legal person - control by other means c. A legal person . senior managing official d. A trust . settlor e. A trust . trustee f. A trust . protector g. A trust - beneficiary h. A trust . other i. legal arrangement (non-trust) - settlor-equivalent j. A legal arrangement (non-trust) . trustee-equivalent k. A legal arrangement (non-trust) . protector-equivalent l. legal arrangement (non-trust). beneficiary-equivalent m. legal arrangement (non-trust) . other-equivalent</p>		
<p>Declarations and Signature</p>		
<p>I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder’s relationship with the SCPL setting out how it may use and share the information supplied by me and I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.</p> <p>I certify that I am the Controlling Person (or am authorized to sign for the Controlling Person) of all the account(s) held by the Entity Account Holder to which this form relates.</p> <p>I hereby declare and confirm that all information provided in this Self Certification Form is to the best of my/our knowledge and belief, correct, accurate and complete in all respects.</p> <p>The SCPL shall have the right to disclose my personal information directly or indirectly to Foreign Regulator or Tax Authorities (or his representatives or agents) or any other authority or jurisdiction as deemed necessary by the SCPL of whatever nature.</p> <p>I hereby undertake that where I have provided information regarding any other person (such as Controlling Person or other Reportable Person to which this form relates), I will immediately inform/notify those persons that I have provided such information to the SCPL, and that such information may be provided to the tax authorities of the country/jurisdiction in which the account(s) is/are maintained and exchanged with tax authorities of another country or jurisdiction in which person may be a tax resident pursuant to intergovernmental agreements to exchange financial account information.</p> <p>I hereby indemnify and hold the SCPL and its directors, officers, representatives and employees harmless from all costs, expenses, losses, damages, liability, penalties incurred, suffered and/or imposed on the SCPL as a result of any suits, proceedings and/or litigation arising out of or in any manner connected with this Self Certification Form and/or the information supplied hereby. I undertake to notify the SCPL in writing within 30 calendar days if there is a change in any information which I have provided to the SCPL.</p>		
Name:*		
Signature: *		
Date:*		
<p>Note: If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.</p>		
Capacity: *		

Introduction

Organization of Economic Cooperation and Development (OECD) has developed a common framework known as Common Reporting Standard for Automatic Exchange of information (AEOI). Government of Pakistan has signed the Multilateral Convention on Mutual Administrative Assistance in Tax Matters of OECD to implement CRS. As per the State Bank of Pakistan BPRD Circular Letter No. 10 dated 19 April 2017 and Government of Pakistan Notification SRO No. 166/I/2017, Summit Capital (Private) Limited is required to comply with the local applicable CRS requirements in accordance with relevant local laws and legally obligated to collect certain information and/or documents from the account holders related to their tax residence and report such information and/or documents with the appropriate tax authorities in compliance with CRS requirements applicable in Pakistan.

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Who should complete this form?

This form is applicable for individual account holder and sole proprietor. For joint or multiple account holders, each individual shall complete a copy of the form. If you are completing this form on behalf of someone else (for e.g. minor), please ensure that you let them know that you have done so and tell us in what capacity (for e.g. guardian) you are signing.

Where you need to self-certify on behalf of an entity account holder, please fill "Entity CRS self-certification form". Similarly, if you are a controlling person of an entity, please fill in a "Controlling person tax residency self-certification form" instead of this form.

In case if you have already provided information in relation to the United States Government's Foreign Account Tax Compliance Act (FATCA), you may still need to provide additional information for the CRS as this is a separate regulation.

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Further Information: If you have any questions on defining your tax residency status, please consult your professional tax consultant for advice. You can also find out more, including a list of jurisdictions that have signed agreements to automatically exchange information, along with details about the information being requested, on the OECD Portal and more information on Common Reporting Standard on FBR website <http://www.fbr.gov.pk>. Please refer provided CRS Key terms and definitions for your ready reference.

Key Terms and Definition

Note: These are selected definitions provided to assist you with the completion of this form. Further details can be found within the OECD

Common Reporting Standard for Automatic Exchange of Financial Account Information (the "CRS"), the associated Commentary to the CRS, and domestic guidance. This can be found at the following link [OECD]. If you have any questions then please contact your tax adviser or domestic tax authority.

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"Controlling Person" This is a natural person who exercises control over an entity. Where an entity Account Holder is treated as a Passive Non-Financial Entity ("NFE") then a Financial Institution must determine whether such Controlling Persons are Reportable Persons. This definition corresponds to the term "beneficial owner" as described in Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012). **If the account is maintained for an entity of which the individual is a Controlling Person, then the "Controlling Person tax residency self-certification" form should be completed instead of this form.**

"Entity" The term "Entity" means a legal person or a legal arrangement, such as a corporation, organization, partnership, trust or foundation.

"Financial Account" A Financial Account is an account maintained by a Financial Institution and includes: Depository Accounts; Custodial Accounts; Equity and debt interest in certain Investment Entities; Cash Value Insurance Contracts; and Annuity Contracts.

"Participating Jurisdiction" "Participating Jurisdiction" means a jurisdiction (i) with which an agreement is in place pursuant to which there is an obligation in place to provide the information specified in rule 78C, and (ii) which is identified in a published list to be made available on FBR's web portal;

"Reportable Account" The term "Reportable Account" means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person

"Reportable Jurisdiction" Reportable Jurisdiction means all jurisdictions other than Pakistan and the United States of America;

"Reportable Jurisdiction Person" Reportable Jurisdiction Person means an individual or Entity that is resident in a Reportable Jurisdiction or an estate of a decedent that was a resident of Reportable Jurisdiction. For this purpose, an Entity such as a partnership, limited liability partnership or similar legal arrangement that has no residence for tax purposes shall be treated as resident in the jurisdiction in which its place of effective management is situated;

"TIN" (including "functional equivalent") The term "TIN" means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction. Further details of acceptable TINs can be found at the following link [OECD Portal]

Note: Some jurisdictions do not issue a TIN. However, these jurisdictions often utilize some other high integrity number with an equivalent level of identification (a "functional equivalent"). Examples of that type of number include, for individuals, a social security/insurance number, citizen / personal identification/service code/number, and resident registration number.

Controlling Person tax residency self-certification FORM - (please complete parts 1-3 in BLOCK CAPITALS)

* Indicates mandatory field(s)

Part 1 – Identification of Controlling Person				
A. Name				
	(First/Given)		(Middle)	(Last/Surname)
B. Residence Address <i>(This address is your current residential address and can be different from permanent address)</i>	House/Apt/Suite Name	Number	Street	Town/City
	Province/Country/State	Country	Postal/ZIP Code	PO Box (if any)
C. Mailing Address (please only complete if different to the address shown in Section B)	House/Apt/Suite Name	Number	Street	Town/City
	Province/Country/State	Country	Postal/ZIP Code	PO Box (if any)
D. Date of Birth				
E. Place of Birth	Town/City of Birth	Country of Birth		
A. Please enter the legal name if the relevant entity Account Holder(s) of which you are a Controlling Person				
Legal Name of Entity 1				
Legal Name of Entity 2				
Legal Name of Entity 3				
<p><i>Part 2 – Country of Residence for Tax Purposes and related Taxpayer Identification Number or equivalent number* (“TIN”) *</i> <i>Please complete the following table indicating</i> <i>(i) where the Controlling Person is tax resident and</i> <i>(ii) the Controlling Person’s TIN for each country indicated; and</i> <i>(iii) If the Controlling person is a tax resident in a country that is a Reportable Jurisdiction(s) then please also complete Part 3 “ Type of Controlling Person”</i></p>				
Country of tax residence	TIN		If no TIN available enter Reason A,B or C	
1				
2				
3				
<p>Note: Additional Country (ies) of Tax Residency (if any) to be listed in a separate sheet. If your Taxpayer Identification Number (TIN) or equivalent number is unavailable, please provide the appropriate reason A, B or C where indicated below.</p>				
Reason A - The country where the Account Holder is liable to pay tax does not issue TINs to its residents				
Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)				
Reason C - No TIN is required. (Note. Only select this reason if the authorities of the country of tax residence provided above do not require the TIN to be disclosed)				
Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.				
1				
2				
3				
4				

Part 3 - Type of Controlling Person (Please only complete this section if you are tax resident in one or more Reportable Jurisdictions)							
Please provide the Controlling Person's Status by writing letter (a - m) in the appropriate box		Entity 1		Entity 2		Entity 3	
a. A legal person . control by ownership b. A legal person . control by other means c. A legal person . senior managing official d. A trust . settlor e. A trust . trustee f. A trust . protector g. A trust . beneficiary h. A trust . other i. legal arrangement (non-trust) . settlor-equivalent j. A legal arrangement (non-trust) . trustee-equivalent k. A legal arrangement (non-trust) . protector- equivalent l. legal arrangement (non-trust) . beneficiary-equivalent m. legal arrangement (non-trust) . other-equivalent							
Declarations and Signature							
<p>I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with the SCPL setting out how it may use and share the information supplied by me and I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.</p> <p>I certify that I am the Controlling Person (or am authorized to sign for the Controlling Person) of all the account(s) held by the Entity Account Holder to which this form relates.</p> <p>I hereby declare and confirm that all information provided in this Self Certification Form is to the best of my/our knowledge and belief, correct, accurate and complete in all respects.</p> <p>The SCPL shall have the right to disclose my personal information directly or indirectly to Foreign Regulator or Tax Authorities (or his representatives or agents) or any other authority or jurisdiction as deemed necessary by the SCPL of whatever nature. I hereby undertake that where I have provided information regarding any other person (such as Controlling Person or other Reportable Person to which this form relates), I will immediately inform/notify those persons that I have provided such information to the SCPL, and that such information may be provided to the tax authorities of the country/jurisdiction in which the account(s) is/are maintained and exchanged with tax authorities of another country or jurisdiction in which person may be a tax resident pursuant to intergovernmental agreements to exchange financial account information.</p> <p>I hereby indemnify and hold the SCPL and its directors, officers, representatives and employees harmless from all costs, expenses, losses, damages, liability, penalties incurred, suffered and/or imposed on the SCPL as a result of any suits, proceedings and/or litigation arising out of or in any manner connected with this Self Certification Form and/or the information supplied hereby. I undertake to notify the SCPL in writing within 30 calendar days if there is a change in any information which I have provided to the SCPL.</p>							
Name:*							
Signature: *							
Date:*							
<p>Note: If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.</p>							
Capacity: *							

For Office use only :

Client Introduced by Name: _____ Designation: _____

Open by: _____

Checked by: _____

Approved by: _____

For Summit Capital (Private) Limited



Summit Capital

• Stocks • Money Market • Forex • Commodity Futures

Annexure A

FOR INTERNAL USE ONLY

KYC/CDD Checklist

Date	Account Title	Account / UIN#
-------------	----------------------	-----------------------

SECTION A

Kindly provide documents as per your company specification

Minimum Information / Documents to be provided by Investor					
	Pls tick		Pls tick		Pls tick
1. Individuals / Sole Proprietorship		2. Partnerships		3. Institutions / Corporates	
CNIC of Principal and Joint Holders / Passport for Foreign Nationals / NICOP for non-resident Pakistanis		CNICs/NICOP of all partners, as applicable		CNICs/NICOP of Authorized Signatories and Directors	
Proof of Employment / Business		Partnership Deed		List of Directors and Officers	
NTN certificate, where available		Latest financial statements		NTN Certificate	
Nominee Details		Certificate of Registration (in case of registered partnership firm)		Documentary evidence of Tax Exemption (if Applicable)	
Present & Permanent Address Details with Supports		NTN Certificate		Certificate of Incorporation	
Mobile No & Email address of the Customer		Name of Partnership & Partners		Certificate of Commencement of business	
Salary Slip or Income Tax Return		Address of Place of Business		Certified Copy of Board Resolution	
		Authorized partner to operate the Account		Memorandum & Article of Association / Bye Laws / Trust Deed	
		Mobile number & email address of the Authorized person		Audited Accounts of the Company	
				Registered Address of the Company	
4. Trust		5. Club Societies and Associations		6. Executors/ Administrators	
CNICs of all trustees		Certificate Copy of Certificate of Registration		CNICs of all Executors/Administrators	
Certified copy of the Trust Deed		List of Members of Governing Body		Certified copy of letter Administration	
Latest Financials of the Trust		CNICs/NICOP of Members of Governing Board			
Documentary Evidence of Tax Exemption (if applicable)		Certified copy of bylaws/rules and regulations			
Trustee/Governing Body Resolution		Copy of latest financials of Society/Association			
		Body/Governing Body Resolution			
If documents / information is complete, proceed to section B					
List of any missing documents / information below:					
1					
2					
If ANY document or information is missing, proceed to Section G.4					

SECTION B

Assessment of information provided in section A		
Based on information provided in A		
1. Is the investor also the ultimate beneficiary of the funds to be invested If NO, joint account should be opened or power of attorney be provided by ultimate beneficiary with relevant documentary details of the beneficiary	YES	NO
2. In case the Investor is a private company , IS the latest shareholders' list available	YES	NO
3. In case of Government Accounts , Mark YES if the account is not in the personal name of the government official A resolution / authority letter (duly endorsed by Ministry of Finance or Finance Department of concerned government) is available, which authorizes the opening and operating of this account by an officer of federal / provincial / local government in his / her official capacity	YES	NO
If the answer to any of the above questions was 'NO', go to section G.3 or G.4, otherwise go to Section C		

SECTION C

Risk Category of Investor	Please tick box		
1. Government Department / Entity	<input type="checkbox"/>	LOW RISK	<i>Go to Section G.1</i>
2. Public listed company	<input type="checkbox"/>	LOW RISK	<i>Go to Section G.1</i>
3. Private limited company	<input type="checkbox"/>	MEDIUM RISK	<i>Go to Section G.2</i>
4. Non-Governmental Organization (NGO)	<input type="checkbox"/>	HIGH RISK	<i>Go to Section G.3</i>
5. Trust / Charity	<input type="checkbox"/>	HIGH RISK	<i>Go to Section G.3</i>
6. Unlisted Financial institution	<input type="checkbox"/>		<i>Go to Section D</i>
7. Individual	<input type="checkbox"/>		<i>Go to Section E</i>

SECTION D

Unlisted Private Financial Institution (NBF1)		
Is the unlisted private financial institution domiciled in Pakistan and is regulated by the SECP/State Bank of Pakistan (SBP)	YES	NO
OR		
Is it domiciled in a FATF member country that is satisfactorily following the FATF recommendations and is supervised by a regulatory body	YES	NO
If YES, proceed to Section G.1	If NO, proceed to Section G.3	

SECTION E

Individual		
1. Is the person a non-resident Pakistani	YES	NO
2. Is the person a high net worth individual with no identifiable source of income or his/her profile/source of income doesn't match with size & quantum of investments/	YES	NO
3. Is the person involved in dealing in high value items (based on declared occupation)	YES	NO
4. Is the person a foreign national	YES	NO
5. Does the person appear to have links or money transfer to/from offshore tax havens or belongs to country(s) where KYC/CDD and anti money laundering regulations are lax (in terms of not sufficiently applying FATF recommendations)	YES	NO
6. Is there any reason to believe that the person has been refused account opening by another financial institution / brokerage house	YES	NO
7. Is the person opening the brokerage account on a non-face-to-face basis/on-line	YES	NO
If the response to any question (1-7) above was 'YES', proceed to Section G.3		
8. Is the person a holder of a senior level public (government) office i.e. a politically exposed person (PEP) or a family member of PEP.	YES	NO
9. Is the person a holder of high profile position (e.g. senior politician)	YES	NO
If the response to any question (8-9) above was 'YES', proceed to Section F, else proceed to Section G.1		

SECTION F

Politically Exposed Person / Foreign National / Holders of High Profile Position		
Is the brokerage account relationship with this high risk category person including politically exposed person / foreign national / holder of high profile position, approved by the Nominee Director, CEO / COO of the brokerage house (approval shall be provided by management through signing the respective Account Opening Form)	YES	NO
If YES, proceed to Section G.3	If NO, proceed to Section G.4	

SECTION G

Investor Risk Profile		
	Risk Classification	KYC Requirements
G.1	LOW RISK	Reduced KYC Requirements shall be applicable: Investor account can be opened once information / documents mentioned in section A have been provided.
G.2	MEDIUM RISK	Greater care required and documents listed in Section A should be obtained before opening of account.
G.3	HIGH RISK	<p>Enhanced KYC Requirements shall be applicable:</p> <p>Investor account can be opened once information / documents mentioned in section A have been provided.</p> <p>Transactions shall be monitored to ensure that the funds used for investments are from an account under the Investor's own name in a financial institution (e.g. bank) subject to high due diligence standards and the amount and frequency of investments are not unusual given the nature and financial strength of the Investor</p>
G.4	HIGH RISK	Account cannot be opened as KYC Requirements have not been fulfilled.

CONFIRMATION of physical presence of customer when opening account	YES	NO
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Other Comments

Completed by:	<i>Name of Sales Person / Agent</i>	<i>Signature</i>	<i>Date</i>
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Checked by:	<i>Name of Compliance Person</i>	<i>Signature</i>	<i>Date</i>
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TRADING A/C NO. **SIGNATURE CARD** TRADING A/C NO.

To be filled by (SCPL) To be filled by (SCPL)

TITLE OF ACCOUNT _____ TEL: _____

Account to be operated Individual Jointly Company Firm

Any other (Please Specify) _____
 Authorized Signatory (ies) _____

Name	Name
Signature	Signature
Name	Name
Signature	Signature

Above Signature verified by (NAME) _____ Signature _____

Admitted by (Signature) _____ Date _____

Summit Capital (Private) Limited