

Client Code
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## Corporate Application Form (Please fill in BLOCK letters)

Local ☐ Foreign ☐

## Section 1 - Basic Account Information

Name of the Company																										
Address (Registered)																										
Address (Correspondence)																										
Tel No.													Tax File No. (Optional)													
Fax No.																										
Email																										
Registration No.									Date of Incorporation								D	D	/	M	M	/	Y	Y	Y	Y

**Nature of Entity** Please ✓

Central Bank	<input type="checkbox"/>	Corporate	<input type="checkbox"/>	Forces	<input type="checkbox"/>
Emp. Trust Fund	<input type="checkbox"/>	Emp. Provident Fund	<input type="checkbox"/>	Foreign Missions	<input type="checkbox"/>
Finance Company	<input type="checkbox"/>	Govt. Department	<input type="checkbox"/>	Govt. Authority	<input type="checkbox"/>
Govt. Corporation	<input type="checkbox"/>	Gratuity Fund	<input type="checkbox"/>	Govt. Board	<input type="checkbox"/>
Govt. Pension Fund	<input type="checkbox"/>	Lic. Speacialised Bank	<input type="checkbox"/>	Govt. Fund	<input type="checkbox"/>
Insurance Company	<input type="checkbox"/>	Money Broking Comp.	<input type="checkbox"/>	Individual	<input type="checkbox"/>
Lic. Commercial Bank	<input type="checkbox"/>	Ministry	<input type="checkbox"/>	Leasing Company	<input type="checkbox"/>
Market Intermediary	<input type="checkbox"/>	Public Service Fund	<input type="checkbox"/>	Primary Dealer	<input type="checkbox"/>
Mutual Fund	<input type="checkbox"/>	Savings Institution	<input type="checkbox"/>	Private Fund	<input type="checkbox"/>
Private Institutions	<input type="checkbox"/>	Stock Broking Comp.	<input type="checkbox"/>	Society/Club/Assoc.	<input type="checkbox"/>
Private Provident Fund	<input type="checkbox"/>	Unit Trust	<input type="checkbox"/>	Other.....	<input type="checkbox"/>

Status Please ✓

a) Whether listed on the CSE Yes ☐ No ☐

b) Whether listed on other Stock Exchanges Yes ☐ No ☐

If yes please specify.....



Contact Details

Name of the Key Contact Person

:

Designation

:

Telephone No.

:

Ext

Mobile No.

:

Fax No.

:

Email

:

Section 2 - Other Details

(I) Mailing Instructions Please ✓

Confirmations & Statements

To be kept at CAL office for collection

☐

Email to above e-mail address

☐

Other (please specify).....

☐

(II) Bank Details

Bank	Branch	Account Type	Account No.

(III) Payment Instructions- maturity proceeds/ interest Please ✓

SLIPS/ RTGS transfer to any of the above bank A/cs

☐

Other.....

☐

Transfer of funds for settlement between Capital Alliance Ltd and Capital Alliance Securities (Pvt) Ltd

☐

(IV). Expected value of Investment per annum Please ✓

Less than Rs. 100,000

☐

Rs 1,000,000 to Rs 2,000,000

☐

Rs 4,000,000 to Rs 5,000,000

☐

Rs 100,000 to Rs 500,000

☐

Rs 2,000,000 to Rs 3,000,000

☐

Rs 5,000,000 to Rs 10,000,000

☐

Rs 500,000 to Rs 1,000,000

☐

Rs 3,000,000 to Rs 4,000,000

☐

Over Rs 10,000,000

☐

(V). Source of funds Please ✓

Business Ownership

☐

Investment Proceeds/ Savings

☐

Commission Income

☐

Business Turnover

☐

Sale of Property/ Assets

☐

Export proceeds

☐

Investments

☐

Gifts

☐

Profits

☐

Contract Proceeds

☐

Donations / Charities (Local / Foreign)

☐

Others (Specify).....

☐



(VI). Are you a US Person in terms of the Foreign Account Tax Compliance Act (FATCA) of the US?

Please ✓

If yes, FATCA declaration has to be submitted along with application form.

If No, In the event if I/We become a US person under FATCA of US, I/ We do hereby undertake to inform the said fact to the Participant immediately

Yes

No

☐

☐

(VII). Politically Exposed Persons (PEPs)

Please ✓

Do you have persons who are or have been entrusted domestically/ Internationally with a prominent publicfunction(for example Heads of State or of government, senior politic ians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials.), as members of senior management or individuals who have been entrusted with equivalent functions, i.e.directorsdeputy directors and members of the board or equivalent functions.

If “Yes” please clarify

(VIII). Any other connected Businesses/ Professional activities

Section 3 - Authorized Signatories

Name	Designation	Specimen signature

\*Please attach a certified copy of the Board Resolution

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We hereby declare that the information given is true and correct and agree to give notice in writing of any change of particulars given. We also agree that cheques posted as per instructions would be at our own risk and to bear any cost incurred. We hereby give consent to open a CDS Account/FIS Account/PWM Account/UT Fund Account\*

.....  
Authorized Signatory

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

.....  
Authorized Signatory

\* Delete accordingly

**Section 4 - For Office Use Only**

I hereby confirm that to the best of my knowledge and belief the information given herein by the applicant is true and correct, the applicant is financially stable to maintain a;

CDS Account	<input type="checkbox"/>	Inv. Advisor	<input type="text"/>	Signature	<input type="text"/>
FIS Account	<input type="checkbox"/>	Dealer	<input type="text"/>	Signature	<input type="text"/>
PWM Account	<input type="checkbox"/>	Fund Manager	<input type="text"/>	Signature	<input type="text"/>
UT Fund Account	<input type="checkbox"/>	Fund Manager	<input type="text"/>	Signature	<input type="text"/>

Please ✓

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

..... Introducer	..... Signature		..... Date	
	Approved by		System Updated by	
	Signature	Date	Signature	Date
CDS Account	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIS Account	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PWM Account	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
UT Fund Account	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Details/Remarks/Notes (if any) : .....  
.....

**UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA") THE FOLLOWING CRITERIA MAY CLASSIFY A CUSTOMER AS A "US PERSON"**

- A Citizen of USA (Including an individual born in the US but resident in another country, who has not renounced US citizenship)
- A lawful resident of the US (Including a US Green card holder)
- A person residing in the US
- A person spends approximately 180 days within 3years (not continuously)in the US
- US corporations, estates and trusts
- Any entity that has a linkage or ownership to US or US territories