



PAKISTAN STOCK EXCHANGE LIMITED
Stock Exchange Building, Stock Exchange Road, Karachi-74000
UAN: 111-001-122 Fax: 32437560

PSX/N - 7097

NOTICE

December 14, 2016

FOR ALL TRE CERTIFICATE HOLDERS

Implementation of "Sahulat Account / Simplified KYC" Form

All TRE Certificate Holders are hereby informed that in order to increase market outreach by facilitating low risk individual customers desiring to hold securities worth PKR 500,000 or less, the Securities and Exchange Commission of Pakistan has taken an initiative to introduce Sahulat Account/Simplified KYC requirements for new customers in Ready Delivery Contract Market. Under this facility, the customers may open a trading account by filling up a simplified and standardized one pager Sahulat Account/KYC Form. Such customers shall, in a given day, not buy or sell securities worth more than PKR 500,000, i.e. gross trading in a day cannot exceed PKR 1 million while net trading may be PKR 500,000 or less. These limits shall be applicable on UIN basis.

The customers may, for the purpose of custody, clearing and settlement, choose any of the three Primary Service Providers i.e. National Custodial Service (NCCPL), Direct Settlement Service (CDC) and Professional Clearing Member (to be specified). In case a customer does not wish to choose any of the Primary Service Providers, he/she may choose any of the Other Service Providers as mentioned in Section "E" of the Sahulat Account/Simplified KYC Form after following the instructions given therein. The TRE Certificate Holders may kindly note that all other account opening related requirements as specified by PSX or respective Primary Service Providers, as the case may be, shall remain applicable.

Accordingly, all TRE Certificate Holders are advised to inform all their new customers about this facility and adopt the Sahulat Account/Simplified KYC Form, enclosed herewith as **Annexure A**, with immediate effect.

SHAFQAT ALI

Chief Regulatory Officer

Distribution: TREC Holders of PSX based at Karachi through Karachi Office
TREC Holders of PSX based at Lahore through Lahore Office
TREC Holders of PSX based at Islamabad through Islamabad Office

Cc:

1. The Executive Director (PRDD), SMD, SECP
2. The Managing Director, PSX
3. The Chief Executive Officer, CDC
4. The Chief Executive Officer, NCCPL
5. The Chief Executive Officer, PMEX
6. All Heads of Department, PSX
7. PSX Notice Board & Website

[TREC Holder Name]

[TREC Holder Address]

KNOW YOUR CUSTOMER (KYC)/ APPLICATION FORM FOR SAHULAT ACCOUNT/ SIMPLIFIED KYC

Individual

(Please use **BLOCK LETTERS** to fill the form)

Note: This form is only for opening Sahulat Accounts for INDIVIDUALS who wish to undergo simplified KYC. Such accountholders may keep custody of securities worth Rs. 500,000 or less and shall not in a given day buy or sell securities more than Rs. 500,000, i.e. gross trading in a day cannot exceed Rs. 1 million while net trading may be Rs. 500,000 or less.

A. IDENTITY DETAILS OF APPLICANT																							
1. Full name of Applicant (As per CNIC/SNIC/NICOP/ARC/POC) Mr. / Mrs. / Ms.																							
2. Father's / Husband's 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															
4. a. CNIC/ SNIC/NICOP/ARC/POC No:																							
b. Expiry date:																							
6. Date of Birth																							
B. ADDRESS DETAILS OF APPLICANT																							
1.(a) Mailing Address: (Address should be different from TREC Holder business address except for employees of TREC Holder)																							
				City/Town/Village:				Province/State:				Country:											
(b) Tel. (Off.):*			(c) Tel. (Res.):*			(d) Mobile:			(e) Email*:			(f) Fax*:											
2. (a) Permanent Address: (if different from above or overseas address, mandatory for Non-Resident Applicant)																							
(b) Tel. (Off.):*			(c) Tel. (Res.):*			(d) Mobile (Applicant or Attorney):			(e) Fax*:			(f) Email (If any):											
C. OTHER DETAILS																							
1. Gross Annual Income Details (please specify): <input type="checkbox"/> Below Rs. 100,000 <input type="checkbox"/> Rs. 100,001 - Rs. 250,000 <input type="checkbox"/> Rs. 250,001 - Rs. 500,000 <input type="checkbox"/> Rs. 500,001 - Rs. 1,000,000 <input type="checkbox"/> Rs. 1,000,001 - Rs. 2,500,000 <input type="checkbox"/> Above Rs 2,500,001																							
2. Source of Income:																							
3. Shareholder's Category: INDIVIDUAL																							
4. (a) Occupation: [Please tick (✓) the appropriate box]		<input type="checkbox"/> Agriculturist		<input type="checkbox"/> Business		<input type="checkbox"/> Housewife		<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:				Account No.:																			
Branch Name:				Branch Address:																			
E. CUSTODY, CLEARING AND SETTLEMENT AGENT																							
Primary Service Provider <input type="checkbox"/> National Custodial Service (NCCPL) <input type="checkbox"/> Direct Settlement Service <input type="checkbox"/> Professional Clearing Member: <i>Please Specify</i>																							
<i>Investors not wishing to use one of the Primary Service Providers must strike out the preceding field, sign here and choose one of the other Service Providers.</i>																							
Other Service Provider <input type="checkbox"/> Securities Broker (Trading & Self-Clearing) <input type="checkbox"/> Securities Broker (Other Trading and Clearing): <i>Please Specify</i>																							
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: _____ (dd/mm/yyyy)				Signature of the Applicant as per CNIC/SNIC/NICOP/ARC/POC				<i>(Only applicable if Applicant signature is different)</i>											
FOR OFFICE USE ONLY																							
_____				_____				_____				_____											
Authorized Signatory				Date				Seal/Stamp of the Authorized Intermediary															

* Optional

Enclosures

- Copies of CNIC, SNIC, NICOP, ARC or POC.
- Power of attorney, where applicable, along with contact details of the attorney.