

Know Your Customer (KYC) Form
(To be filled in BLOCK LETTERS)
For Individual Investors Only

Investor Information			
Name			
Father's Name			
Address			
CNIC No.	Copy Attached		
Passport No.	Copy Attached		
Name of Business/Employer	Copy Attached		
Source of Income / Savings	<input type="checkbox"/> Salary (Copy Attached) <input type="checkbox"/> Retirement Fund <input type="checkbox"/> Husband / Father / Brother income <input type="checkbox"/> Inheritance <input type="checkbox"/> Remittance <input type="checkbox"/> Other _____ <i>(Please Specify in Detail)</i>		
Occupation	<input type="checkbox"/> Professional <input type="checkbox"/> Service (Public / Private) <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist <input type="checkbox"/> Handicapped / Disabled <input type="checkbox"/> Other _____ <i>(Please Specify in Detail)</i>		
Public Figure	Yes No <i>(Includes Government Officials, Senior Office Bearers of Public Sector Entities, Senior Military Officials and Family Members, Politicians)</i>		
Monthly Income Slab (optional)	Rs. 10,000 - 50,000 Rs. 100,000 - 200,000	Rs. 50,000 - 100,000 Rs. 200,000 or above	
Sign		Date	
For Official Use Only			
Facilitator Name & Code	Distributor Name & Code	Name of Sales Officer	