



AL Habib Capital Markets (Pvt.) Ltd. (AHCML)

Know Your Customer / Customer Due Diligence Policy

Approved by the Board of Directors: *November 25, 2015*

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1. Introduction

AL Habib Capital Markets (Pvt.) Ltd. (AHCML) has an obligation to know who it is doing business with. This is necessary to ensure that AHCML's facilities are not used by unscrupulous persons for illegal purposes such as Money Laundering and Terrorist Financing. Basic elements of Know Your Customer (KYC) and Customer Due Diligence (CDD) are:

- Establishing and verifying the identity of the customers, mandate holders, directors, authorized signatories, trustees, beneficial owners (as may be applicable) and clearing their names (individuals and entities) from 'List of Debarred Persons' before opening their accounts. If there is 100pc positive match, brokerage relationship must not be established. This process also applies when there is a change in partners, mandate holders, directors, authorized signatories, trustees and beneficial owners (as may be applicable);
- Seeking information about the purpose of account, customer's business profession and source of funds;
- Obtaining proper introduction or reference to ascertain the customer's suitability to open and operate an account at AHCML; and
- Monitoring the customer's account / transactions to identify any unusual / out of pattern or suspicious activity, particularly for the purpose of combating Money Laundering and Terrorist Financing;

It is the policy of AHCML to require all staff members to adhere to the fundamental principle of Know Your Customer and Customer Due Diligence (KYC/CDD).

AHCML has, from time to time, issued policies and procedures regarding adherence to KYC/CDD principle. The purpose of this document is to re-emphasize the key points of KYC/CDD for the guidance of its staff members.

2. The KYC/CDD Policy Outline

AHCML will not open an account or enter into a relationship and will close an existing account / terminate a relationship, if it can not establish the true identity of the customer and / or nature of business in accordance with applicable laws and regulations.

In particular, AHCML will not:

- Accept assets that are known or suspected to be proceeds of criminal activity;
- Enter into / maintain business relationships with individuals or entities known or suspected to be terrorists or criminal organizations or their members or listed on sanctions list; and
- Maintain anonymous accounts or accounts in fictitious names; and

Key areas that this KYC/CDD policy covers include:

- a. Customer Identification
- b. Risk assessment of customer
- c. Circumstances where Enhanced Due Diligence is required
- d. On-going Due Diligence
- e. Circumstances where simplified Due Diligence can be adopted
- f. Compliance function
- g. Data retention
- h. Training and employee screening

3. Customer Identification

3.1 It is a basic tenet of any business to know who its customers are. This helps the business to protect itself from being used by unscrupulous and/or criminal elements. In this regard, AHCML is required to take all reasonable care to establish the true identity of its customers. A minimum set of documents that need to be obtained from customers/potential customers at the time of opening their brokerage account has been prescribed by the SECP; AHCML abides by it. To be prudent, AHCML is required to obtain any other document from the account opener if it believes it will help in establishing the true identity of the customer and the real controlling person behind the account. The key point is that AHCML must not open anonymous or obviously fictitious accounts.

3.2 It is important to recognize if a customer is acting on behalf of another person. If this is the case, then the identity of that person should be ascertained and relevant documents of that person need to be obtained also.

3.3 For non-individual customers (e.g. companies, pension funds, government owned entities, non-profit organizations, foreign companies/ organizations) additional care has to be taken to establish the ownership and control structure of such an organization and who (i.e. person(s)) actually owns the organization and who manages it. AHCML is required to verify that the person who represents himself as authorized signatory with powers to open and operate the brokerage account is actually authorized by the organization.

3.4 AHCML has to make sure and be careful that accounts of Institutions/organizations/corporate bodies are not opened in the name of employee(s)/official(s). Because of sensitive nature of public sector (government) entities and risk of potential conflict of interest, it is critical for AHCML and its representatives to ensure that accounts of Govt. Institutions are not opened in the individual name of any employee/official. Any such account, which is to be operated by an officer of a govt. owned entity, is to be operated by an officer of the Federal/Provincial/Local Government in his/her official capacity, shall be opened only on production of a special resolution/authority from the concerned administrative department, duly endorsed by the Ministry of Finance or Finance Department of the concerned Provincial or Local Government.

3.5 When an individual or an organization/institution opens brokerage account with AHCML, it is important to find out and document in broad terms what does the customer intend to do. For example, are there any specific sectors or stocks that the customer does not wish to participate in; is the customer intending to invest for short-term only or is the customer intending to invest for longer term; will investment be only in liquid scrips or any scrip; or any other special needs or requirements of the customer. This, along with customer's other information such as age, gender, occupation, knowledge of market, etc. will help develop a sense of the risk taking capacity and profile of the customer and thus guide the customer in more effective manner. At the same time, it will also help understand whether the customer should be classified as a low risk or a high risk customer from the KYC/CDD perspective. For example, a domestic customer working in a company with regular income would be low risk category; on the other hand, a government employee may be in a higher risk category because of the potential for conflict of interest; or a foreign organization having foreign currency sources would be in high risk category requiring more careful identification procedure and close monitoring of account operations. In the above context, AHCML has to carefully determine the source of funding especially if the customer is expected to receive/send funds in foreign currency.

3.6 As is already the practice and part of KSE regulations, AHCML prefers that all receipts/payments are made through crossed – cheques, bank drafts, payorders or other crossed banking instruments.

3.7 In general, physical presence of the account opener/authorized representative is necessary at the time of opening a brokerage account. In the case of non-resident/overseas customers or customers in other cities where AHCML does not have a branch/office, more strong identity verification procedures should be applied. These include verification by a reliable third party, reference of an existing customer of the broker, confirmation from another broker with whom the customer had an account etc. Furthermore, it is important when obtaining confirmation from third parties in other jurisdictions, especially foreign, that brokers consider whether that foreign jurisdiction is following the Financial Action Task Force (FATF) recommendations.

3.8 AHCML encourages 'Account Executives (AEs) – responsible for introducing new clients – to ensure that in case of new 'Individual Clients': (a) 'Individual Client' personally signs the 'Account Opening Form'; (b) Has provided copy of his CNIC/Passport; (c) Has provided copy of his 'Business Card' – to confirm his profession – and 'Utilities bills' – to confirm place of residence; (d) Is known to the 'AE'; and (e) Enjoys good credit. Temporary exceptions to any of these can only be authorized by the Chief Executive Officer.

3.9 AHCML encourages 'Account Executives (AEs) – responsible for introducing new clients – to ensure that in case of new 'Institutional Clients', he receives the following documents from the client in order for AHCML to open and operate an account in the name of 'Institutional Client' : (a) Memorandum and Articles of Association; (b) Resolution from Board of Directors authorizing officers to operate the account; (c) List of authorized signatories with specimen signature; and (d) Copy of annual report for preceding two years (Optional). Temporary exceptions to any of these can only be authorized by the Chief Executive Officer.

4. Risk assessment

4.1 As discussed above, AHCML will assess and categorize its customers as low, medium or high risk profile. This risk assessment by AHCML has to be done on the basis of information obtained at the time of brokerage account opening and has to be updated on the basis of information obtained during the relationship and doing business with the customer. It should be based on customer's identity, nature of income, source of funding, location/domicile of customer, etc. The following broad outline of factors will categorize the customer into 'High Risk Category':

- i. Non-resident customers;
- ii. Legal persons or arrangements including non-governmental organizations; (NGOs)/ not-for-profit organizations (NPOs) and trusts / charities;
- iii. Customers belonging to countries where CDD/KYC and anti-money laundering regulations are lax or if funds originate or go to those countries;
- iv. Customers whose business or activities present a higher risk of money laundering such as cash based business;
- v. Customers with links to offshore tax havens;
- vi. High net worth customers with no clearly identifiable source of income;
- vii. There is reason to believe that the customer has been refused brokerage services by another brokerage house;
- viii. Non-face-to face/on-line customers;
- ix. Establishing business relationship or transactions with counterparts from or in countries not sufficiently applying FATF recommendations; and
- x. Politically Exposed Persons (PEPs) or customers holding public or high profile positions;

4.2 "Politically Exposed Persons" (PEPs) also fall under 'High Risk Category'. These generally include individuals in prominent positions such as senior politicians, senior government, judicial or military officials; senior executives of State Corporations and their family members and close associates. These individuals present reputational risk and potential conflict of interest and extra caution is required when opening their brokerage account and monitoring their account activity. The above definition is not intended to cover middle ranking/junior officials in above noted categories. However, prudence requires AHCML to be careful.

4.3 AHCML should conduct a self assessment for money laundering and terrorist financing risk, identifying and documenting the key risks presented by virtue of its business model, types of customers and geographical placement.

4.4 AHCML need to assess the risk of potential money laundering/terrorism financing and this policy will help in documenting such risk if AHCML assesses that it exists.

5. Enhanced Due Diligence

5.1 Once a customer has been categorized as 'High Risk', it is necessary for AHCML to have Enhanced Due Diligence (EDD) when dealing with such a customer. Policies and procedures should be put in place so that activities and transactions of 'High Risk' customers are monitored and any unusual transactions are reported in a 'Suspicious Transaction Report (STR)'.

5.2 In the above context, when dealing with high-risk customers, including Politically Exposed Persons (PEP's) nominee director/senior management of AHCML has to approve the opening of brokerage account. In the case of 'High Risk Category' customers, it is all the more important for AHCML to determine the source of wealth and funds invested. It should be noted that this exercise of categorizing customers in 'Low', 'Medium' and 'High Risk' categories applies to all customers, including existing customers, Thus, once AHCML has carried out the above exercise, if an existing customer falls into 'High Risk Category', the above requirements for monitoring and reporting suspicious transactions and senior management approval for continuing with the customer will also apply to such customer (s).

5.3 If the above requirements can not be fulfilled by AHCML then it should not open the brokerage account of such person(s) and file a Suspicious Transaction Report (STR). In case an existing customer falls into 'High Risk Category' and the broker is unable to fulfill the above mentioned requirements, such account should be closed and a Suspicious Transaction Report filed.

5.4. Similarly, brokerage account should not be opened if AHCML is unable to verify the identity of the customer/beneficial owner of the account, or if it is unclear what the purpose and intention of customer is and should file an STR. If there are any such existing accounts they should be closed and a Suspicious Transaction Report (STR) filed.

6. On-Going Due Diligence

6.1 It is important for AHCML and its agents to realize that Customer Due Diligence (CDD) is not a one-time exercise at the time of account opening only. In order to guard against misuse of its good office against criminal transactions, AHCML need to be vigilant at all the times, and keep monitoring transactions of its customers to ensure that the transactions executed in any particular account are within the understanding of AHCML in terms of the customer's profile, risk category, historical pattern of the transactions and their historic funding source. For example, if a domestic individual customer orders a transaction that is significantly different from the average historical transaction size, AHCML has to become alert and be satisfied that no suspicious reportable activity is taking place. Similarly, if a regular domestic customer, all of a sudden shows foreign sources of funds, this is likely to require further investigation by AHCML.

6.2 In the above context, AHCML should keep all customer records updated and have a policy of assessing any change in customer profile on regular basis, which change should be documented and sufficient information should be obtained regarding such change.

7. Simplified Due Diligence

The purpose of this KYC/CDD policy is not to make AHCML's operations unnecessarily cumbersome, but to help it guard against its services from being used for money laundering by unscrupulous elements. In this regard:

7.1 It is acceptable for AHCML to apply simplified or reduced CDD measures in the following circumstances:

- a) Risk of money laundering or terrorist financing is lower;
- b) Information on the identity of the customer and the beneficial owner of a customer is publicly available;
- c) Adequate checks and controls exist;

7.2 Accordingly, following customers may be considered for simplified or reduced CDD:

- Financial institutions which are subject to requirement to combat money laundering and terrorist financing consistent with the FATF Recommendations and are supervised for compliance with those controls;
- Public companies that are subject to regulatory disclosure requirements;
- Government administrations or enterprises;

7.3 When opting for simplified or reduced due diligence, the FATF guidelines in this regard must be consulted. Simplified CDD should not be followed when there is an identified risk of money laundering or terrorist financing.

8. Compliance Function

8.1 While the above noted KYC/CDD policy has been adopted to help AHCML understand the processes involved in KYC/CDD, more importantly a system has been developed at AHCML to implement this policy. This has been helping AHCML to monitor customer transactions and report any suspicious activity in a timely manner. In order to achieve this objective two key elements have been instituted at AHCML:

- (i) Compliance Function with suitable human resource;
- (ii) MIS reporting capability;

8.2 In this context, the person responsible for compliance has been designated and has sufficient skills and experience to effectively perform the compliance function. In the case of AHCML, the individual identified to ensure compliance would report to the Board of Directors of AHCML.

8.3 It is the responsibility of the compliance function to ensure that KYC/CDD policy is being complied with as well as other regulatory requirements. This includes maintaining record of violations/non-compliance identified, which has to be reported to the Board of Directors. Any such record has to be available for inspection by SECP and KSE as and when required.

9. Data Retention

All data relating to KYC/CDD policy & procedures have to be maintained for a minimum of five years and preferably for a period of ten years, including identity of the customer(s), account files and correspondence exchanged with the customer(s).

10. Training

There has to be on-going training of AHCML's employees and agents to ensure that they understand their duties under KYC/CDD and are able to perform those duties satisfactorily.

11. Screening

In order to ensure, for its own safety, that unscrupulous elements do not become employees/agents, AHCML should have appropriate screening procedures when hiring and also on an ongoing basis to ensure high standards of staff in terms of honesty, integrity, ethics and professionalism. This is important not just for the sake of AHCML's own safety and reputation but the reputation of the Capital Market.

12. Concluding Remarks

It should be noted that AHCML is bound by the requirements of Anti Money Laundering Act, 2010, as applicable and must comply with the provisions of this Act. This includes filing of suspicious Transactions Reports and complying with any directives, circulars, guidelines with regard to KYC/CDD/Anti-Money Laundering/Terrorist Financing, issued by the Federal Government. This also means that AHCML has to provide information concerning its customers and its transactions to the Stock Exchange, Financial Monitoring Unit and the SECP.

13. Annexures

- **A-1:** KYC/CDD Check List
- **A-2:** Account Opening Form Enclosure Requirement
- **A-3:** KYC/CDD Form
- **A-4:** FATCA Form: Individuals and Entities

AL HABIB CAPITAL MARKETS (PVT) LTD		KYC / CDD CHECK LIST	
DATE:-	ACCOUNT TITLE	ACCOUNT / UIN No.	
SECTION- A			
Minimum Information / Documents to be provided by Investor			
1. Individual / Sole Proprietorships	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	CNIC/NICOP of Authorized Signatories and Directors	
Proof of Employment/Business	Partnership Deed	List of Directors and Officer	
NTN Certificates, where available	Latest Financial Statements	NTN Certificate	
	Certificate of Registration (In case of registered partnership firm)	Documentary evidence of Tax Exemption (if applicable)	
	NTN Certificate	Certificate of Incorporation	
		Certificate of Commencement of Business	
		Certified copy of Board Resolution	
		Memorandum & Articles of Association/Bye Laws/Trust Deed	
		Audited Accounts of the Company	
4. Trusts	5.Clubs Societies and Associations	6.Executors/Administrators	
CNICs of all trustees	Certified copy of certificate of Registration	CNIC of all Executors/Administrators	
Certified copy of the Trust Deed	List of Members	Certified copy of Letter of Administration	
Latest Financial of the Trust	CNIC/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		
	Board/Governing body resolution		
If documents / information is complete, proceed to Section B			
List any missing document / information below:			
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 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

SECTION - C	
Risk Category of Investor:-	
1. Government Department / Entity	Low Risk
2. Public listed company	Low Risk
3. Private limited company	Medium Risk
4. Non-Governmental Organization (NGO)	High Risk
5. Trust / Charity	High Risk
6. Unlisted Financial Institution	
7. Individual	

SECTION - D	
Unlisted Private Financial Institution (NFI)	
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

SECTION - E	
Individual	
1. Is the person a non-resident Pakistani	Yes / No
2. Is the person a high net worth individual with no identification source of income or his/her profile/source of income doesn't match with size & quantum of investment / transactions.	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(ies) 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 a holder of a senior level public (government) office i.e a politically exposed person (PEP) or a family member of PEP.	Yes / No
8. Is the person a holder of a senior level public (Government) office i.e politically exposed person (PEP) or a family member of PEP.	
9. Is the person a holder of high profile position (e.g senior politician)	

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 / CCO of the brokerage	Yes No
House (approval shall be provided by the management through signing the respective Account Opening Form)	Yes No
SECTION- G	
Investor Risk Profile:-	
Risk Classification	KYC Requirements
Lower Risk	Reduced KYC requirements shall be applicable: Investor account can be opened once information / documents mentioned in section A have been provided
Medium Risk	Greater care required and documents listed in Section A should be obtained before opening account.
Higher Risk	Enhanced KYC Requirements shall be applicable: Investor account can be opened once information / documents mentioned in section A have been provided Transactions shall be monitored to ensure that the funds used for investments are from an account under 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.
CONFIRMATION of physical presence of customer when opening account	Yes / No
Other Comments:-	
Completed by:	Name of Operation Dept Person Signature Date
Checked by:	Name of Compliance Person Signature Date



ACCOUNT OPENING INSTRUCTIONS

A-2

GENERAL INSTRUCTIONS FOR ACCOUNT OPENING FORM

1. Please read carefully, the Terms and Conditions appearing under forms before filling in the applicable blanks/ boxes and signing the forms.
2. Each and every space must be filled in Block Letters.
3. Spaces which are not applicable should be marked "N/A".
4. Each page of the AL Habib Capital Markets (Pvt) Ltd. Account Opening Form should be duly signed by the Account Holder(s) and the Broker AL Habib Capital Markets (Pvt) Ltd.
5. Please tick relevant boxes where applicable.
6. The duly filled and signed AL Habib Capital Markets (Pvt) Ltd. Form along with the necessary documents may please be submitted or mailed to AL Habib Capital Markets (Pvt) Ltd. Office located at GF-01, Techno City, Hasrat Mohani Road, Karachi-Pakistan.
7. After receiving Account Opening Form, cheque and relevant documents, the account opening process will be initiated. Confirmation of Account Opening will be provided within 5 working days (assuming all documentation is in order).
8. The Account Opening confirmation will include your Account number, Charges, CDC Sub-Account number and relevant contact numbers.

ENCLOSURES (FOR INDIVIDUALS)

1. Attested copies of CNIC of the Account Holder and or Nominee(s) (if any).
2. Attested copies of CNIC of the Joint Account Holder(s) and or Authorized person (if any).
3. Attested copies of PASSPORT/NICOP/CNIC of the Account Holder, Joint account Holder(s), Nominee(s) and or Authorized Person (if any) - in case of non-residents/foreign nationals.
4. Copy of Letter of Authorization from the Account Holder(s) in favour of the person authorized to trade if other than account holder(s), (Specimen provided as per Annexure 'B').
5. A list of Transaction fee, commission to be charged by the Broker and other CDC / NCCPL charges to be levied.

ENCLOSURES (FOR CORPORATE ENTITIES)

1. Certified true copy of Board Resolution (Specimen provided as per Annexure 'A')
2. Certified true copies of the constituent documents of the applicant (Memorandum and Articles of Association/Act/charter/Statue/By-laws/Trust Deeds/Rules & Regulation etc.)
3. List of authorized signatories and list of nominated persons to place the orders.
4. Attested copies of CNIC of the authorized signatories and nominated persons.

1. Source of Funds:

<input type="checkbox"/> Remittances	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Rental Income:
<input type="checkbox"/> Investment	<input type="checkbox"/> Business Receipt	_____
<input type="checkbox"/> Dividend / Interest Income from Investments:		<input type="checkbox"/> Proceeds from sale of assets / property:
_____		_____
<i>Countries where investment are placed</i>		<i>Countries where assets / Property is Located</i>
<input type="checkbox"/> Royalty Income:	<input type="checkbox"/> Loan/ Grant/ Relief from parent company/ other entities of the Group:	
_____	_____	
<i>Name of originating / destination countries</i>		
<input type="checkbox"/> Others (Specify) _____		

2. Usual Mode of Transactions:

<input type="checkbox"/> Cash deposit / Withdrawal	<input type="checkbox"/> Online	<input type="checkbox"/> Remittances
<input type="checkbox"/> Clearing	<input type="checkbox"/> Collection	<input type="checkbox"/> Others (Specify) _____
Significant Cash Transactions		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Significant Foreign Remittances		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Cash based Business in High Value Item (Gold, Jewelry, antiques etc.)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	

3. Beneficial Ownership: Self Others _____

Details of Beneficial Owner(s) holding 20% or more interest in the Entity			
Name	Address	CNIC No. / Registration No.	% of Ownership/ Beneficial Interest

4. Expected Turnover: (Salary/ Revenue/ Credit)	Monthly	Annually	Deposits p.m.		Withdrawals p.m.		Highest Expected Balance
			No.	Amount	No.	Amount	

Verified By:

Name of Operation Manager

Signature



AL Habib Capital Markets (Pvt) Limited

FOREIGN ACCOUNT TAX COMPLIANCE ("FATCA") FORM

Date: Account Number:
(Per Office Use-Only) Title of Account: Mailing Address: City/ District/ Province: County: Postal Code: Registered Office: City/ District/ Province: County: Postal Code: Head Office: City/ District/ Province: County: Postal Code: Telephone Number(s): Registered Office: Head Office: Fax: Other: Nature of Business/ Activity: Services Manufacturing Trade Retail Other (Specify) Details of Business/ Activity: Other Companies of the Group:

TYPE OF ENTITY

A) Partnerships & Corporations: Registered Partnership Unregistered Partnership Private Ltd. Company Public Unlisted Company Single Member Company Public Listed Company Agent Account Others: Commercial Bank Investment Bank Asset Management Company Insurance Company Brokerage Firm Pension Scheme/FundB) Financial Institutions: Mutual Fund Development Financial Institution (DFI) Microfinance Bank Mortgage Others: Please provide Global Intermediary Identification Number (GIIN) if applicable: C) Government: Federal Govt. / Provincial Govt. / Local Govt. / Municipality Law Enforcement Agency Judicial Entity Armed Forces Others: D) Trusts/Clubs/Associations/ NGOs etc.: Charitable Trust Non Charitable Trust Society / Association Clubs Cooperative Society Political Party NGO / NPO Others: For Charitable Trusts / NGOs / NPOs, please provide registration numberE) Foreign Organizations: Embassy / Consulate International Organization Multilateral Organization Others: Tax Number: NTN Sales Tax Registration No. TIR / Other Tax Identification No. Date of Incorporation/Reg.: Country of Incorporation/Reg.:

FATCA CLASSIFICATION FORM FOR ENTITIES

Check (✓) If Yes Check (✓) If No

1. Do you belong to any of the following types of entities: _____

- Government/ Governmental Entity
- Entity wholly owned by a Government
- Foreign Mission
- Central Bank
- Non-Profit Organisation
- International Organisation
- Pension Fund established by any of the above mentioned exempt entities
- Financial Institution

- If any of the above mentioned types of entities are checked, you are not required to fill the remaining part of this form
- If none of the above type of entities are checked, please proceed to Question 2.

2. Are you a Listed Company or a Subsidiary of a Listed Company? _____

- If "yes", you are not required to fill this form further. Please provide name of the stock exchange(s) on which you or your holding/ parent company is listed:

Name of Stock Exchange _____ Country _____

- If "No", please go to Q.3.

3. Is the entity a partnership or trust organized/ registered in the U.S. or a company incorporated under the laws of U.S.? _____

- If "Yes", please provide Form W-9. You are not required to complete the rest of this form.
- If "No", please go to Q.4.

4. Does any U.S. National or U.S. Entity have substantial (i.e. more than 10%) shareholding, profit/ capital interest or beneficial interest in your company, partnership or trust _____

- If "Yes", please fill section B below for each of your Substantial U.S. Owner(s).
- If "No", please go to Q.5.

B) Details of Substantial U.S. Owners:-

Details of Substantial U.S. Owner(s) for Entity Account			
Name	Address	Tax Identification Number (TIN)	% of Ownership / Beneficial Interest

5. Do you have any U.S. Mailing Address, U.S. Head Office, U.S. Registered Address or U.S. Telephone Number? _____

- If "Yes", and you are a U.S. entity, please provide Form W-9.
- If "Yes", and you are not a U.S. entity, please provide Form W-8BEN-E.
- If "No", please go to Q.6.

6. Have you granted a Power of Attorney or Signatory Authority to a person with a U.S. address _____

- If "Yes", and you are a U.S. entity, please provide Form W-9 for the entity.
- If "Yes", and you are not a U.S. entity, please provide Form W-8BEN-E.
- If "No", please go to Q.7.

7. Is your entity a Passive Non Financial Foreign Entity or an Active Non Financial Foreign Entity (NFFE) _____

- Passive Active

'Passive entities' generate more than 50% of their income from passive sources such as interest, dividend, income equivalent to interest, rents and royalties, annuities, the excess of gains over losses from the sale or exchange of property etc. whereas 'Active entities' generate more than 50% of their income from non-passive source such as trading, manufacturing or provision of services etc.

- If "Passive", please provide Form W-8BEN-E and ensure that Part XXX of the Form W-8BEN-E is properly filed.
- If "Active", no further documentation is required.

DECLARATION (Must be Signed by all Authorized Signatories)

I/We request you to open an account(s) with AL Habib Capital Markets ("the Company") as per details provided above, which I/We confirm are true and correct in all respects. I/We agree to provide any document(s) required by the Company according to the type of account(s) requested and to abide by the current rules and policies of the Company for the conduct of such account(s). I/We have received a copy of the Account Opening Form and Rules/ Terms & Conditions of Account, which have been read and signed by me/us. I/We agree with these Rules/ Terms & Conditions and also agree to be bound by them as amended by you from time to time. I/We agree to inform you of any changes in the information provided in this Form or in related documents.

This request when accepted by the Company will be deemed to be an agreement between the Company and me/ourselves and the completed sections of this Form shall be treated as an integral and indivisible part of the same. It is understood that this account will be used for bonafide business transactions.

I/We agree to be liable for any Finances or debts due to you which you may permit on this account or any other account in my/our name. I/We solemnly declare that we have not been refused bank facilities by any other Broker before approaching you for opening of our account.

I/We hereby confirm that the information provided by me/us and the information in the submitted documents is true, accurate, complete and updated, and the submitted documents are genuine and duly signed by me/us.

I/We understand that the information and the submitted documents will also enable AL Habib Capital Markets ("the Company") to comply with its obligations under the U.S. Foreign Account Tax Compliance Act ("FATCA"). I/We hereby consent and agree to the Company meeting its obligations under FATCA in connection with my/our account, including submission of the required account information to appropriate government and regulatory authorities, in accordance with FATCA provisions.

I/We agree and undertake to notify the Company within 30 calendar days if there is a change in any information or document which I/We have provided to the Company.

1) Name: _____

Current Res. Address: _____

Signatures: _____

2) Name: _____

Current Res. Address: _____

Signatures: _____

3) Name: _____

Current Res. Address: _____

Signatures: _____

4) Name: _____

Current Res. Address: _____

Signatures: _____

5) Name: _____

Current Res. Address: _____

Signatures: _____

6) Name: _____

Current Res. Address: _____

Signatures: _____

7) Name: _____

Current Res. Address: _____

Signatures: _____

Company Stamp

FOR OFFICE USE ONLY

ENTITY CATEGORIES:

- U.S. Entity: An entity incorporated in the U.S. OR An entity which provides a form W-9.
 Non-U.S. Entity: A local entity OR An entity that provides form W-8BEN-E
 Non Participating Foreign Financial Institutions: (A Financial Institution which does not provide its Global Intermediary Identification Number).

It is hereby confirmed that the required checks have been performed for this account.

Verified By:

Name of Equity Operations Manager

Signature

TO BE COMPLETED BY COMPLIANCE DIVISION/ INTERNAL AUDIT

Special FATCA Status:-

Certain entities may claim one of the following FATCA categories by providing a W-8BEN-E form indicating to that effect. These classifications are required to be captured for annual FATCA reporting purposes:

- Owner-Documented FFI with specified U.S. owners:
An entity that certifies its status as an Owner Documented FFI by completing Part X of the W-8BEN-E Form.
 Direct Reporting NFFE:
A Non-Financial Entity which provides a GIN and opts as a Direct Reporting NFFE on the W-8BEN-E Form Part I.
 Passive NFFE with Substantial U.S. Owner:
An Entity which opts for Passive NFFE status by completing Part XXVI of the W-8BEN-E Form & provides details of its Substantial U.S. Owners in Part XXX of the same.



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Title of Account _____

FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA") FORM

This form must be completed by individuals/sole proprietorships who wish to open a brokerage account, and by all mandate holders for such accounts. Use additional sheets, if necessary.

If this form is being completed for a Beneficial Owner of the account who is not the Account Holder/Mandate Holder, please check (✓) this box In such cases, the Beneficial Owner should also complete this form.

U.S. Indicators	Details of Account Holder/ Beneficial Owner		Details of Account Holder/ Beneficial Owner	
1- Name of Account Holder/ Beneficial Owner				
2- Are you a U.S. Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3- Are you a U.S. Green Card Holder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4- Are you a U.S. Resident for tax purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5- Were you born in the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6- What is your country of Citizenship?				
7- What is your country of Residence?				
8- What is your current Residential Address?	Address		Address	
	City	Country	City	Country
9- What is your Permanent Address? (to be provided only if different from above)	Address		Address	
	City	Country	City	Country
(a) If you are a U.S. Citizen, a U.S. Green Card Holder, or a U.S. Resident for tax purposes, please provide Form W-9. (b) If you were born in the U.S. but are not a U.S. Citizen/ U.S. Green Card Holder/ U.S. Resident for tax purposes, please provide Form W-8BEN and copy of Non-U.S. passport with written explanation regarding your U.S. Citizenship. (c) If your Permanent or Residential Address is in the U.S. but you are not a U.S. Resident for tax purposes, please provide Form W-8BEN with documentary evidence to establish your Non-U.S. status.				

I/We hereby confirm that the above information and the information in the submitted documents is true, accurate, complete and updated, and the submitted documents are genuine and duly signed by me/us.

I/We understand that the purpose of the information and the submitted documents is to enable AL Habib Capital Markets (Pvt) Ltd (the Company) to comply with its obligations under the US Foreign Account Tax Compliance Act ("FATCA"). I/We hereby consent and agree to the Company meeting its obligations under FATCA in connection with my/our account, including submission of the required account information to appropriate government and regulatory authorities, in accordance with FATCA provisions.

I/We agree and undertake to notify the company within 30 calendar days if there is a change in any information or document which I/We have provided to the company.

Name of Account Holder/ Beneficial Owner		
Taxpayer Identification No. (for U.S. Persons)		
Signature of Account Holder/ Beneficial Owner		
Date		

<i>Title of Account</i>	<i>Account Number</i>
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U.S. Indicators	Account Status	Action Required
10- Does the required identity document have a U.S. address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If the answer to all questions on pages 1-2 is "NO" and none of the account holders/ beneficial owners has a U.S. address, no further action is required from the applicants.
11- Does any Account Holder have a U.S. telephone number?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12- Will there be standing instructions to transfer funds to an account in the U.S. or directions regularly received from a U.S. address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If answer to any question on pages 1-2 is "YES", either obtain Form W-9 (establishing U.S. status) or Form W-8BEN with documentary evidence to establish Non-U.S. status. If the required documentation is not provided, mark this application as "Recalcitrant" and report to Operation Department.
13- Does the account have a U.S. mailing address, including a U.S. P.O. Box?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14- Does the account have a "Hold Mail" status or an "in care of" address that is the sole address for this account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

FATCA CLASSIFICATION

This section should be completed by the Account Opening Manager:

FATCA CLASSIFICATION: U.S. Status Non-U.S. Status Recalcitrant

It is hereby confirmed that the required checks have been performed for the account mentioned above.

<i>Name & Signature of Account Opening Manager</i>	<i>Name</i>	<i>Signature</i>	<i>Date</i>
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OPERATIONS MANAGER APPROVAL

<i>Name of approving Operation Manager</i>		
<i>Designation</i>		
<i>Signature</i>		
<i>Date</i>		