H RIZON HORIZON SECURITIES LIMITED

Registered Address:

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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 APPLICA	ANT													
1. Full name of Applicant (As per CNI	C/SNIC/NICOP/ARC/POC	/Pas	sport^) M	r. /	Mrs. / Ms.									
2. a. Father's / Husband's Name:					2.b. Mother's Maiden Name:									
3. a. Nationality:	b. Marital status:		Single		Married	c. (Status:		Resident		Non-Resident			
d. Place of Birth	e. Gender:	M	Male		Female									
4. a. CNIC/ SNIC/NICOP/ARC/POC No:														
b. Expiry date:	c. issue date:	c. issue date:				Lifetime:								
5. Passport details:^	Passport Number:					Place of Issue:								
6. Date of Birth Date of Issue: Date of Expiry:														
B. ADDRESS DETAILS OF APPLICANT														
1.(a)Mailing Address:														
	City/Town/Village:	City/Town/Village:			rovince/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: City/Town/Village: Province/State: Country:														
(b) Tel. (Off.)*: (c) Tel. (Res.)*: (d) Mobile: (e) Email (If any):														
Specify the proof of address submitted for permanent address^:														
C. OTHER DETAILS														
1. Gross Annual Income Details (please specify): Below Rs. 100,000 Rs. 250,001 - Rs. 500,000 Rs. 1,000,001 - Rs. 2,500,000														
Rs. 100,001 - Rs. 250,000 Rs. 500,001 - Rs. 1,000,000 Above Rs 2,500,001														
2. Source of Income:														
3. (a) Occupation:	Agriculturist	Agriculturist B		siness			Housewife				Household			
[Please tick () the appropriate	Retired Person		Stude				iness Exe				Industrialist			
box]	Professional		Servio	ce		Go	rt. /Public	c Sect	or		Others (Specify)			
(b) Name of Employer / Business: (Include symbol if employer listed company) (c) Job				bТ	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:									
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 an CKO's website														



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Signature of the Applicant No^	Date:	(dd/mm/yyyy)	Signature	e of the Applicant as per CNIC/SNIC/NICOP/ARC/POC/Passport (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 * Optional			ate	Seal/Stamp of the Authorized Intermediary					

** 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, however, in case of online account opening, both mobile number and email address are mandatory for resident individual Pakistani customers. In case of SNIC where country of stay is not Pakistan, email will be mandatory.

*** IBAN / E-Wallet Number 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.