

**EFG HERMES PAKISTAN LIMITED**  
**KNOW YOUR CLIENTS (KYC) FORM FOR**  
**INDIVIDUAL CLIENTS**

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

A. IDENTITY DETAILS OF APPLICANT					
<b>1. Full name of Applicant (As per CNIC/SNIC/NICOP/ARC/POC/Passport^)</b> Mr. / Mrs. / Ms.					
<b>2. Father's / Husband's Name:</b>					
<b>3. a. Nationality:</b>	<b>b. Marital status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married	<b>c. Status:</b> <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident			
<b>4. a. CNIC/ SNIC/NICOP/ARC/POC No:</b>					
<b>b. Expiry date:</b>					
<b>5. Passport details:^</b> <i>(For a foreigner or a non-resident Pakistani)</i>		Passport Number:	Place of Issue:		
		Date of Issue:	Date of Expiry:		
<b>6. Date of Birth</b>					
B. ADDRESS DETAILS OF APPLICANT					
<b>1.(a)Mailing Address:</b> <i>(Address should be different from authorized intermediary business address except for employees of authorized intermediary)</i>					
		City/Town/Village:	Province/State:	Country:	
(b) Tel. (Off.):*	(c) Tel. (Res.):*	(d) Mobile:	(e) Email*:	(f) Fax*:	
<b>Specify the proof of address submitted for mailing address^:</b>					
<b>2. (a)Permanent Address:</b> <i>(if different from above or overseas address, mandatory for Non-Resident Applicant)</i>					
(b) Tel. (Off.):*	(c) Tel. (Res.):*	(d) Mobile:	(e) Fax*:	(f) Email (If any):	
<b>Specify the proof of address submitted for permanent address^:</b>					
C. OTHER DETAILS					
<b>1. Gross Annual Income Details (please specify):</b> <input type="checkbox"/> Below Rs. 100,000 <input type="checkbox"/> Rs. 250,001 - Rs. 500,000 <input type="checkbox"/> Rs. 1,000,001 - Rs. 2,500,000 <input type="checkbox"/> Rs. 100,001 - Rs. 250,000 <input type="checkbox"/> Rs. 500,001 - Rs. 1,000,000 <input type="checkbox"/> Above Rs 2,500,001					
<b>2. Source of Income:</b>					
<b>3. Shareholder's/ Unit Holder's Category:</b> <span style="float: right;"><b>INDIVIDUAL</b></span>					
<b>4. (a) Occupation:</b> <i>[Please tick (✓) the appropriate box]</i>		<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Business	<input type="checkbox"/> Housewife	<input type="checkbox"/> Household
		<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: <i>(Include symbol if employer listed company)</i>			(c) Job Title / Designation:		(d) Department:
(e) Address of Employer / Business:					
D. BANK DETAILS					
Bank Name:			IBAN No.:		
Branch Name:			Branch Address:		
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/Passport No^ <i>(Only applicable if Applicant signature is different)</i>	
FOR OFFICE USE ONLY					
_____		_____		_____	
Authorized Signatory		Date		Seal/Stamp of the Authorized Intermediary	