

Know your Customer (KYC) Form (Institutions)

Section 1:

Name of Institution: _____

Registration No.: _____ Date of Registration: _____ NTN: _____

Legal Status: Company Partnership Employee Fund Trust Others, please specify: _____

Registered Address: _____ City: _____

Mailing Address: _____ City: _____

Province: _____ Contact Name: _____ Designation: _____

Mobile No.: _____ Phone No.: _____ Email Address: _____

Section 2: Know your customer (KYC) Details for Entity:

Number of Ultimate Beneficial Owners (UBOs): _____ Nature of Business: _____ Type of Counter Parties: _____

(Please provide details of UBOs of your Institution using "Declaration for Ultimate Beneficial Ownership"):

- | | | |
|--|------------------------------|-----------------------------|
| a) 1) Is your entity operating in any country other than Pakistan? (If "Yes", please fill point #2 below): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Does your entity belong to a country that is not part of FATF (Financial Action Task Force*): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Does your entity have any business relationship or transactions in/ from offshore Tax Haven countries? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Has any Financial Institution ever refused to open your account? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Does your entity deal in high value items i.e. Gold, Silver, Diamonds, Metals, and Gems etc.? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Is your entity a resident or inhabitant of Southern Punjab or Afghan Border? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) Is your entity's Directors/ UBOs domestic or foreign "Politically Exposed Person" (PEP)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g) Is your entity's Directors/ UBOs or their family member a close associate of a domestic or foreign PEP? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*FATF members: Argentina | Australia | Austria | Belgium | Brazil | Canada | China | Denmark | Finland | France | Germany | Greece | Hong Kong (China) | Iceland | India | Ireland | Italy | Japan | Korea | Luxembourg | Malaysia | Mexico | Netherlands | New Zealand | Norway | Portugal | Russian Federation | Singapore | South Africa | Spain | Sweden | Switzerland | Turkey | United Kingdom | United States

Section 3: Declaration:

I/We hereby acknowledge that the information provided on this form is correct to the best of my/ our knowledge and I/ we shall immediately update JS Investments Limited (JSIL) if there is any change in the information provided, including change in my/ our source of wealth/ income. I/We hereby authorize JSIL to verify any or all information related to KYC, CNIC verification using NADRA Verisys, IBAN and Mobile Number verification as provided herein above in this form.

Authorized Signature

Authorized Signature

Authorized Signature

For Official Use

Channel Partner: _____ Region / City: _____ Branch Name / Code: _____

Relationship Manager: _____ Comments: _____