

Investment in Certificates of Deposit Application Form (For Individuals)

Investor Code (Existing Customer):	Date:						
Details of Principal Applicant							
Title: Mr Mrs Ms Gender: M F							
(All names to be stated as per Identity Document)							
Full Name							
Father's / Husband's Name:	Mother's Maiden Name:						
ID Type: (CNIC, Passport, NICOP, etc):							
Expiry Date: Date of Birth: Date of Birth: City of Birth:							
Country of Birth: Nationality:	Other Nationality:						
Country of Residence:							
Occupation / Profession: Salaried Govt. Service	Business / Self Employed House Wife Retired						
Other	(Please provide documentary evidence)						
Occupation/ Profession Details (if applicable):							
Name of Employer/Business:							
Designation: Years of Service:	Annual Income:						
Nature of Business: Import/Export Agriculture Tra	ading Manufacturing Other						
Source of Funds: Expected No. of Investments per year							
Other Source of Income:	Country of Tax Residence:						
National Tax No. (NTN if Tax Resident in Pakistan)	- Tax Filer: Yes No						
Tax ID No (TIN if resident outside Pakistan).							
Mailing Details: (If any mentioned address is different from identity	document then please provide relevant supporting document)						
Mailing Address							
City: Country:	Telephone (with country & area code):						
Residence Address							
City: Country:	Telephone (with country & area code):						
Mobile No:	Email:						

Details of Beneficial Owner (BO):						
Name of BO:						
Address:						
OMO.						
CNIC: - Occupation:	Relationship					
Occupation.	Relationship					
Are you or any of your associates or beneficial owner(s) is a Politically Exposed Person (PEP): Yes No						
Name of the PEP:	Position/Title:					
Relationship with Depositor:	Source of Wealth of PEP:					
(FATCA)* Declaration: 1 Are you a US Citizen? Yes	Do you hold a US Green Card? Yes No					
Zakat Applicable? Yes No (If No, Please attach declaration)						
Any family member who has invested in OLP CODs (Certificate of I						
Name: (FATCA)* Foreign Account Tax Compliance Act	Name:					

Details of Joint Applicant
Title: Mr Mrs Ms Gender: M F
Name (As per Identification Document): Father's / Husband's Name:
ID Type (CNIC, Passport, NICOP, etc): ID No: -
Expiry Date: Date of Birth: City of Birth:
Country of Birth:
Nationality: Country of Residence:
Occupation / Profession: Salaried Govt. Service Business / Self Employeed House Wife Retired
Other (Please provide documentary evidence)
Occupation/ Profession Details of Joint Applicant (if applicable):
Name of Employer/Business:
Designation: Years of Service: Annual Income:
Nature of Business: Import/Export Agriculture Trading Manufacturing Other
Other Source of Income: Country of Tax Residence: ;
National Tax No. (NTN if Tax Resident in Pakistan) - Tax Filer: Yes No.
Tax ID No (TIN if resident outside Pakistan).
Mallian Dataila
Mailing Details:
Mailing Address:
City: Telephone (with country & area code):
City: Country: Telephone (with country & area code): Residence Address (If different from above):
Residence Address (If different from above):
Residence Address (If different from above): City: Country: Telephone (with country & area code):
Residence Address (If different from above):
Residence Address (If different from above): City: Country: Telephone (with country & area code):
Residence Address (If different from above): City: Country: Telephone (with country & area code): Mobile No: Email: Are you or any of your associates or beneficial owner(s) is a Politically Exposed Person (PEP): Yes No
Residence Address (If different from above): City: Country: Telephone (with country & area code): Mobile No: Email: Are you or any of your associates or beneficial owner(s) is a Politically Exposed Person (PEP): Yes No If "Yes ", please provide details of PEP(s)
Residence Address (If different from above): City: Country: Telephone (with country & area code): Mobile No: Email: Are you or any of your associates or beneficial owner(s) is a Politically Exposed Person (PEP): Yes No Name of the PEP: Position/Title:
Residence Address (If different from above): City: Country: Telephone (with country & area code): Mobile No: Email: Are you or any of your associates or beneficial owner(s) is a Politically Exposed Person (PEP): Yes No If "Yes ", please provide details of PEP(s) Name of the PEP: Position/Title: Relationship with Depositor: Source of Wealth of PEP:
Residence Address (If different from above): City: Country: Telephone (with country & area code): Mobile No: Email: Are you or any of your associates or beneficial owner(s) is a Politically Exposed Person (PEP): Yes No If "Yes ", please provide details of PEP(s) Name of the PEP: Position/Title: Relationship with Depositor: Source of Wealth of PEP: (FATCA)* Declaration: 1 Are you a US Citizen? Yes No 2 Do you hold a US Green Card? Yes No

The Application Form is treated valid subject to acceptance of terms and conditions of Investment laid down in the Investment Form which will be part and parcel of the Application Form.						
Applicant	Name		Signature			
Principal Applicant						
First Joint Applicant						
Second Joint Applicant						
Third Joint Applicant						
				Date OD MA	A YY	
For Official Use Onl	у					
DM's Nome.		Signature				
RM's Name: Updated by:		Signature		Date DD MM	YY	
Name:		Signature		Date DD MM	YY	
Checked by: Name:		Signature		Date 500 MM	YY	