

# KNOW YOUR CUSTOMER (KYC) FORM



## INDIVIDUAL / SOLE PROPRIETORSHIP

(Please use BLOCK LETTERS)

Folio / Account No: \_\_\_\_\_

Date: 

D	D			M	M			Y	Y	Y	Y
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Name: (Mr. / Mrs. / Ms.)	
Father / Husband / Guardian Name:	
KYC Details of Principal Account Holder:	
OCCUPATION	<input type="checkbox"/> Government Services <input type="checkbox"/> Private Services <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> House Wife <input type="checkbox"/> Student
SOURCE OF INCOME	<input type="checkbox"/> Business / Self Owned <input type="checkbox"/> Salary <input type="checkbox"/> Pension <input type="checkbox"/> Inheritances <input type="checkbox"/> Remittances <input type="checkbox"/> Savings <input type="checkbox"/> Stocks / Investment

Applicant Signature: \_\_\_\_\_

### DISCLOSURE OF THE IDENTITY OF THE BENEFICIARY (IF ANY):

Beneficiary's Name:													
Father's Name:													
Address:													
CNIC / NICOP / Passport No:	Date of Expiry: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td></td><td></td><td>M</td><td>M</td><td></td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D			M	M			Y	Y	Y	Y
D	D			M	M			Y	Y	Y	Y		

Please provide copy of CNIC / NICOP / Passport of Beneficiary.

### Name of Employer / Business (If Applicable):

#### PLEASE DESCRIBE IF YES IS SELECTED:

Has any Financial Institution ever refused to open your Account?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Are you acting on behalf of any other person?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Are you holding a senior position in any government organization?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Are you holding a senior position in any political party?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Do you deal in high value items such as Gold, Silver, Diamond etc.?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____

#### Where did you hear about us? (Optional):

- |  |  |                                       |   |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Existing Investors    | <input type="checkbox"/> Distributors | <input type="checkbox"/> BMA Sales Team |
| <input type="checkbox"/> Relatives     | <input type="checkbox"/> Friend's Social Media | <input type="checkbox"/> Website      | <input type="checkbox"/> Others _____   |

## PARTNERSHIP ACCOUNT

Name of Partnership:	CNIC / NICOP / PASSPORT												
Name of Partner(s):	Father's Name:											Authorized Stamp & Signature	

Please provide copies of latest financial statements of partnership.

## JOINT STOCK COMPANY

Name of Company:	CNIC / NICOP / PASSPORT												
Name of Director(s):	Father's Name:											Authorized Stamp & Signature	

Please provide the following (in case not submitted at the time of registration):

- Copy of CNIC / NICOP / Passport of All Directors.
- Audited Accounts of the Company.

## OFFICIALS (FEDERAL / PROVINCIAL / LOCAL) GOVERNMENT ACCOUNT

Name:	
CNIC / Passport No:	
	Signature:

Please provide Resolution from the concerned administration department endorsed by Finance Department / Ministry of Finance.

## CLUBS, SOCIETIES AND ASSOCIATIONS

Name of Club/Association/Society:															
Name of Signatory(ies):		CNIC / NICOP / PASSPORT										Authorized Stamp & Signature			

Please provide the following (in case not submitted at the time of registration):

- Copy of CNIC / NICOP / Passport of All Signatories.
- Certified copy of by laws / rules and regulations.
- Copy of the latest financials of the society / club / association.

## TRUSTS

Name of Trust:															
Name of Trustee(s):		CNIC / NICOP / PASSPORT										Authorized Stamp & Signature			

Please provide the following (in case not submitted at the time of registration):

- Copy of CNIC / NICOP / Passport of All Trustees.
- Certified copy of Trust Deed.
- Copy of the latest financials of the Trust.

## EXECUTORS / ADMINISTRATORS

Name of Executor / Administrator:															
Name of Signatory(ies):		CNIC / NICOP / PASSPORT										Authorized Stamp & Signature			

Please provide the following (in case not submitted at the time of registration):

- Copy of CNIC / NICOP / Passport of All Executors / Administrators.
- Certified copy of Letter of Administration.

### FOR OFFICE USE ONLY

Received From:	Received on:
Received By:	Authorized Stamp & Signature:

Verification of CNICs from NADRA.  
 Any other documents authorizing the officers to operate Account.  
 All documents submitted are subject to verification.

For further information or any other queries, you are requested to contact our representatives.

#### BMA ASSET MANAGEMENT COMPANY LIMITED.

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