KNOW YOUR CUSTOMER (KYC) FORM



INDIVIDUAL / SOLE PROPRIETORSHIP (Please use BLOCK LETTERS)								Folio / Account No: Date: D D M M Y Y Y Y Y Y Y Y																
Name: (Mr. / Mrs. / Ms.)																								
Father / Husband / Guardian Name:																								
KYC Details of Principal Account Hole	der:																							
OCCUPATION Government	Services	Services Private Services Se						elf Employed			Retired House Wife							Student						
SOURCE OF INCOME Business / S	elf Owned	Sala	ry	□Р	ensio	on			nher	itance	es	□F	Remi	ittan	ces		Sa	vings	s	Sto	ocks / I	nvest	ment	
									App	olica	nt S	igna	atur	e:										
DISCLOSURE OF THE IDENTITY OF TH	IE BENEF	CIARY (I	F ANY):																					
Beneficiary's Name:			,																					
Father's Name:																								
Address:																								
CNIC / NICOP / Passport No:	\top			Т							D	ate o	of Ex	piry	y:	D	D		M	М	Υ	Υ	YY	
☐ Please provide copy of CNIC / NIC	OP / Passr	ort of B	eneficiary.																					
Name of Employer / Business (If Applicable):																								
PLEASE DESCRIBE IF YES IS SELECTE																								
Has any Financial Institution ever ref	fused to c	pen vou	r Account?			No.				Yes									_					
									_															
	Are you acting on behalf of any other person? No Yes																							
1	Are you holding a senior position in any government organization? No Yes																							
Do you deal in high value items such	n as Gold,	Silver, D	lamond etc		<u> </u>	No			П,	Yes .														
Where did you hear about us? (Optional):																								
Advertisement Existing Investors						Distributors							☐ BMA Sales Team											
Relatives	☐ Frie	nd's Soci	al Media		Website									Oth	ers _									
PARTNERSHIP ACCOUNT																								
Name of Partnership:				_				CNI	IC / N	IICO	P / P	ASSI	POR	<u>T</u>					_					
Name of Partner(s):	Father's	Name:		+		_					_		_		_	_	_		Aut	thorize	d Stam	p & Si	ignatur	
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☐ Please provide copies of latest fine JOINT STOCK COMPANY		tements	of partners	hip.																				
Name of Company:					CNI	IC / N	IICO	P / P.	PASSPORT															
Name of Director(s):																Authorized Stamp & Signature								
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Please provide the following (in case Copy of CNIC / NICOP / Passport of Audited Accounts of the Company OFFICIALS (FEDERAL / PF	f All Direc y.	tors.						NT	· A(ccc	NUC	JT												
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CNIC / Passport No:						T						\top	T			T	T	Т						
- Transporting						-	Signa	ture	:							_								
							911a																	
L ☐ Please provide Resolution from th	e concerr	ed admi	nistration d	lepar	tmer	nt en	ndors	ed b	y Fi	nanc	e De	part	me	nt / l	Mini	istry	of F	inar	nce.					



CLUBS, SOCIETIES AND A	SSOCIATIONS																				
Name of Club/Association/Society:																					
Name of Signatory(ies):		CNIC / NICOP / PASSPORT														Authorized Stamp & Signature					
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Please provide the following (in case Copy of CNIC / NICOP / Passport of Certified copy of by laws / rules an Copy of the latest financials of the	All Signatories. d regulations.	f regis	tratio	on):																	
Name of Trust:																					
Name of Trustee(s):		\neg				CN	IC / I	NICC	Authorized Stamp & Signature												
Name of frustee(s).	+	Г	Г	Π	Civ	IC / I	I	,, , , 				Π			Г	Authorized Stamp & Signature					
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☐ Copy of CNIC / NICOP / Passport of ☐ Certified copy of Trust Deed. ☐ Copy of the latest financials of the EXECUTORS / ADMINISTE	Trust.																				
Name of Executor / Administrator:														_			_				
Name of Signatory(ies):							IC / I	NICC)P / I	PASS	POF	KT	_				Authorized Stamp & Signature				
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 Please provide the following (in case Copy of CNIC / NICOP / Passport of Certified copy of Letter of Adminis	All Executors / Administrato		<u>l</u> trati	on):		<u> </u>			<u> </u>							<u> </u>					
	FO	R O	FFI	CE	US	EC	INC	LY													
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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- info@bmafunds.com
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