TRUST SECURITIES & BROKERAGE LIMITED

CORPORATE MEMBER OF LAHORE STOCK EXCHANGE (GUARANTEE) LIMITED

Corporate Office: **3rd Floor, Associated House, Building # 1 & 2, 7-Kashmir Road, Lahore-54000 (PAKISTAN)**
Phone: (92-42) 3637 3041-43 Fax : (92-42) 3637 3040
Email: info@trustsecu.com & tsbl@brain.net.pk Website: www.trustsecu.com

TSBL

LAHORE STOCK EXCHANGE OFFICE
Room # 607, 6th Floor, Lahore Stock Exchange Building
LSE Building, 19- Khayaban-e-Aiwan-e-Iqbal, Lahore-54000 (PAKISTAN)
Phone: (92-42) 3637 4710, 3630 0181

For official use of the Participant only	
Application Form No:	
CDS Participant ID:	**01164**
Sub-Account No:	
Trading Account No: *(if applicable)*	

SUB-ACCOUNT OPENING FORM FOR INDIVIDUALS

(Sub-Accounts are opened and maintained by Participants in accordance with the CDC Regulations made pursuant to Section 4 of the Central Depositories Act, 1997)

Nature of Account	Single		Joint	

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

I/We hereby apply for opening of my/our Sub-Account under the Account Family of Trust Securities & Brokerage Limited (hereinafter referred to as "Participant") maintained in the Central Depository System ("**CDS**") of the Central Depository Company of Pakistan Limited ("**CDC**"). My/our particulars are given as under:

A. REGISTRATION (AND OTHER) DETAILS OF MAIN APPLICANT			
1. Full Name of Applicant (As per CNIC / NICOP / Passport) MR. / MRS. / MS.			
2. Father's / Husband's Name:			
3. Contact Details of Main Applicant:			
(a) Permanent Address: *(Address should be different from Participant's business address)*			
(b) Mailing Address:			
(c) Contact No:	(d) Fax: (optional)	(e) Email: (optional)	
4. Computerized National Identity Card No: *(For resident Pakistani)*	-	-	
5. Expiry date of CNIC:			
6. NICOP No: *(For non-resident Pakistani)*	-	-	
7. Expiry date of NICOP:			
8. Passport details: *(For a foreigner or a Pakistani origin)*	Passport Number:	Place of Issue:	
	Date of Issue:	Date of Expiry:	
9. Details of Contact Person: [*Note: Contact Person shall not be the person other than the Main Applicant, any one of the Joint Applicant or their Attorney. Where Contact Person is the Main Applicant or any of the Joint Applicant, please only provide the name below. In case of Attorney, please provide details in (a) to (h) below*]			
(a) Name: MR. / MRS. / MS.			
(b) Relationship/ association of the Attorney with the Main Applicant:			
(c) Address:			
(d) Computerized National Identity Card No:	-	-	
(e) Expiry date of CNIC:			
(f) Contact No:	(g) Fax: (optional)	(h) Email: (optional)	

10. Share holder's Category:								
				INDIVIDUAL				
11. (a) Occupation: *[Please tick (✓) the appropriate box]*		AGRICULTURIST		BUSINESS		HOUSEWIFE		HOUSEHOLD
		RETIRED PERSON		STUDENT		BUSINESS EXEC.		INDUSTRIALIST
		PROFESSIONAL		SERVICE		OTHERS (specify)		
(b) Name of Employer / Business:				(c) Job Title / Designation:				
(d) Address of Employer / Business:								

Signatures:

Main Applicant	Joint Applicant 1	Joint Applicant 2	Joint Applicant 3	Participant
_____x_____	_____	_____	_____	_____

B. REGISTRATION (AND OTHER) DETAILS OF THE JOINT APPLICANT(S)															
PERSONAL INFORMATION – JOINT APPLICANT NO. 1															
1. Full name of Applicant (As per CNIC / NICOP / Passport) MR. / MRS. / MS.															
2. Father's / Husband's Name:															
3. Permanent Address: (*Address should be different from Participant's business address)*															
4. (a) Contact No:	**(b) Fax: (optional)**								**(c) Email: (optional)**						
5. Computerized National Identity Card No: (*For resident Pakistani*)						-								-	
6. Expiry date of CNIC:															
7. NICOP No: (*For non-resident Pakistani*)						-								-	
8. Expiry date of NICOP:															
9. Passport details: (*For a Foreigner or a Pakistani origin)*	Passport Number:								Place of Issue:						
	Date of Issue:								Date of Expiry:						
10. (a) Occupation: [*Please tick (✓) the appropriate box*]		AGRICULTURIST		BUSINESS		HOUSEWIFE		HOUSEHOLD							
		RETIRED PERSON		STUDENT		BUSINESS EXEC.		INDUSTRIALIST							
		PROFESSIONAL		SERVICE		OTHERS (specify)									
(b) Name of Employer / Business:				(c) Job Title / Designation:											
(d) Address of Employer / Business:															
PERSONAL INFORMATION – JOINT APPLICANT NO. 2															
1. Full name of Applicant (As per CNIC / NICOP / Passport) MR. / MRS. / MS.															
2. Father's / Husband's Name:															
3. Permanent Address: (*Address should be different from Participant's business address)*															
4. (a) Contact No:	**(b) Fax: (optional)**								**(c) Email: (optional)**						
5. Computerized National Identity Card No: (*For resident Pakistani*)						-								-	
6. Expiry date of CNIC:															
7. NICOP No: (*For non- resident Pakistani*)						-								-	
8. Expiry date of NICOP:															
9. Passport details: (*For a Foreigner or a Pakistani origin)*	Passport Number:								Place of Issue:						
	Date of Issue:								Date of Expiry:						
10. (a) Occupation: *[Please tick (✓) the appropriate box]*		AGRICULTURIST		BUSINESS		HOUSEWIFE		HOUSEHOLD							
		RETIRED PERSON		STUDENT		BUSINESS EXEC.		INDUSTRIALIST							
		PROFESSIONAL		SERVICE		OTHERS (specify)									
(b) Name of Employer / Business:				(c) Job Title / Designation:											
(d) Address of Employer / Business:															
PERSONAL INFORMATION – JOINT APPLICANT NO. 3															
1. Full name of Applicant (As per CNIC / NICOP / Passport) MR. / MRS. / MS.															
2. Father's / Husband's Name:															
3. Permanent Address: (*Address should be different from Participant's business address)*															
4. (a) Contact No:	**(b) Fax: (optional)**								**(c) Email: (optional)**						
5. Computerized National Identity Card No: (*For resident Pakistani*)						-								-	
6. Expiry date of CNIC:															
7. NICOP No: (*For non- resident Pakistani*)						-								-	
8. Expiry date of NICOP:															
9. Passport details: (*For a Foreigner or a Pakistani origin)*	Passport Number:								Place of Issue:						
	Date of Issue:								Date of Expiry:						
10. (a) Occupation: *[Please tick (✓) the appropriate box]*		AGRICULTURIST		BUSINESS		HOUSEWIFE		HOUSEHOLD							
		RETIRED PERSON		STUDENT		BUSINESS EXEC.		INDUSTRIALIST							
		PROFESSIONAL		SERVICE		OTHERS (specify)									
(b) Name of Employer / Business:				(c) Job Title / Designation:											
(d) Address of Employer / Business:															

Signatures:

Main Applicant	Joint Applicant 1	Joint Applicant 2	Joint Applicant 3	Participant
_____x_____	_____	_____	_____	_____

C. OTHER INFORMATION

1. Dividend Mandate *[Please tick (✓) the appropriate box]*	☐ Yes	☐ No	If yes, please provide following details:	
(a) Account Title:			(b) Account No:	
(c) Name of Bank:			(d) Branch:	
(e) Address:				
2. National Tax No: (Optional)				
3. Nationality:				

4. Residential Status *[Please tick (✓) the appropriate box]*		*Resident*	*Non-Resident*	*Repatriable*	*Non-Repatriable*
	Pakistani	☐	☐	☐	☐
	Pakistani Origin	☐	☐	☐	☐
	Foreign National	☐	☐	☐	☐

5. If you are maintaining any Special Convertible Rupee Account ("SCRA"), please provide details in (a) to (c):	(a) SCRA Account No:	(b) Bank Name:
	(c) Branch Details:	

6. Zakat Status: (*If, according to the Fiqh of the Applicant(s), Zakat deduction is not applicable, then relevant Declaration on prescribed format shall be submitted with the concerned Issuer and the Participant)*	Please tick (✓) the appropriate box
	☐ Muslim Zakat payable
	☐ Muslim Zakat non-payable
	☐ Non-Muslim
	☐ Not Applicable

7. Particulars of nominee (Optional but if desired, nomination should only be made in case of sole individual and not joint account) *[In case of death of Sub-Account Holder: Nomination may be made in terms of requirements of Section 80 of the Companies Ordinance, 1984, which inter alia requires that person nominated as aforesaid shall not be a person other than the following relatives of the Sub-Account Holder, namely: a spouse, father, mother, brother, sister and son or daughter, including a step or adopted child.]*				
	(a) Name of Nominee:			
	(b) Father's/Husband's Name:			
	(c) Relationship with Main Applicant: *[Please tick (✓) appropriate box]*	☐ Spouse	☐ Father	☐ Mother
		☐ Brother	☐ Sister	☐ Son*
		☐ Daughter*	* *Including step or adopted child*	
	(d) Address:			
	(e) CNIC No: *(in case of a resident Pakistani)*	☐☐☐☐☐ - ☐☐☐☐☐☐☐ - ☐		
	(f) Expiry date of CNIC:			
	(g) NICOP No: *(in case of a non-resident Pakistani)*	☐☐☐☐☐ - ☐☐☐☐☐☐☐ - ☐		
	(h) Expiry date of NICOP:			
	(i) Passport details: *(In case of a foreigner or a Pakistani origin)*	Passport Number:		
		Place of Issue:		
		Date of Issue:		
		Date of Expiry:		
	(j) Contact No:	(k) Fax: (optional)		
	(l) E-mail: (optional)			

D. CDC SMS / IVR/ WEB SERVICES ("CDC *access*")

CDC provides ***FREE OF COST*** services under CDC *access* whereby sub-account holders can have real time access to their account related information.

1. SMS is part of such service, where alerts are sent whenever certain activities take place in a sub-account including securities movement, pledge etc.

(a) For SMS Service, please provide local mobile number of your Contact Person:

(b) If you do not wish to subscribe to SMS Service, please sign here: X

2. Do you wish to subscribe to free of cost IVR Service? [*Please tick (✓) the appropriate box]*	☐	Yes	☐	No
3. Do you wish to subscribe to free of cost Web Service? [*Please tick (✓) the appropriate box]*	☐	Yes	☐	No

4. If you are subscribing to IVR and/or Web Service, please provide following details of your Contact Person:

(a) Date of Birth (DD / MM / YYYY)			/			/					

(b) Mother's Maiden Name:	(c) Email Address:

Signatures:

Main Applicant	Joint Applicant 1	Joint Applicant 2	Joint Applicant 3	Participant
_____X_____	_____	_____	_____	_____

E. SUB-ACCOUNT OPERATING INSTRUCTIONS			
1. Signatory(ies) to give instruction to the Participant pertaining to the operations of the Sub-Account. (*Please specify sub- account operating instructions in the relevant column along with names and specimen signatures of authorised signatories*)		**Names of Signatory(ies)**	**Specimen Signatures**
	(a)		X
	(b)		
	(c)		
	(d)		

2. Sub-Account Operating Instructions: [Please (✓) appropriate box]	☐	Either (Singly) or Survivor	☐	Attorney
	☐	Jointly [any] _____	☐	Any other
				Please specify:

F. BANK VERIFICATION																		
The following information is required to be verified by the Bank Manager only where the Main Applicant is maintaining bank account:																		
Particulars of Main Applicant:																		
Bank Account Title:	CNIC No:						-								-			
Bank Account No:																		
Address of Applicant:																		
Signature of Applicant: x																		
We do hereby verify the above particulars and signature of our above account holder:																		
Particulars of Bank Manager / Authorized Officer:																		
Name:	Contact No(s):																	
E-mail:	Signature & Rubber Stamp:																	

G. AUTHORIZATION UNDER SECTIONS 12 AND 24 OF THE CDC ACT EXCLUSIVELY FOR SETTLEMENT OF UNDERLYING TRADES INCLUDING PLEDGE AND RECOVERY OF CHARGES AND LOSSES

I/we the undersigned, hereby give my/our express authority to the Participant under Section 12 and Section 24 of the Central Depositories Act, 1997 to handle Book-entry Securities beneficially owned by me/us and entered in my/our Sub-Account maintained with the Participant for securities transactions that are exclusively meant for the following purposes:

a. For the settlement of any underlying market transactions (trades) including off market transactions made by me/us from time to time;
b. For pledge securities transactions with any Stock Exchange or a Clearing Company relating to any of my/our underlying market transactions (trades) to be settled through the Clearing Company from time to time;
c. For the recovery of payment against any underlying market purchase transactions made by me/us from time to time;
d. Movement by me/us from time to time of my/our Book-entry Securities from my/our Sub-Account under the Main Account under the control of the Participant to my/our Sub-Account under another Main Account under the control of the Participant or to my/our Sub-Account under any Main Account which is under the control of another Participant or to my/our Investor Account;
e. Securities transactions which has been made by way of a gift of Securities by me/us to my/our Family Members or other persons in accordance with the CDC Regulations from time to time;
f. Securities transactions pertaining to any lending or borrowing of Securities made by me/us from time to time in accordance with the CDC Regulations;
g. For the recovery of any charges or losses against any or all of the above transactions carried out by me/ us or services availed; and/or
h. Delivery Transaction made by me/us for any other purposes as prescribed by the Commission from time to time.

Specific authority on each occasion shall be given by me/us to the Participant for handling of Book-entry Securities beneficially owned by me/us for all other purposes as permitted under the applicable laws and regulations.

Note: Please note that above shall serve as a one-time fixed authorization to the Participant for handling of Book-entry Securities owned by the undersigned Sub-Account Holder(s) and entered in his/her/their Sub-Account maintained with the Participant. Handling of Book-entry Securities for all other purposes should however require specific authority in writing from the undersigned Sub-Account Holder(s) in favour of the Participant. For handling of Book-entry Securities worth Rs. 500,000/- and above, the above mentioned specific authority shall be obtained on non-judicial stamp paper.

Signatures:

Main Applicant	Joint Applicant 1	Joint Applicant 2	Joint Applicant 3	Participant
_____x_____	_____	_____	_____	_____

IMPORTANT
Please read and understand the Terms and Conditions before signing and executing this form

TERMS AND CONDITIONS

The Terms and Conditions set herein below shall govern the Sub-Account forming part of the Account Family of the CDS Participant Account of the Participant, which shall be binding on the Sub-Account Holder as well as the Participant:

1. Provisions of the Central Depositories Act, 1997 ("**the Act**") and the Central Depository Company of Pakistan Limited Regulations ("**the Regulations**") as amended from time to time and the CDC's Operating Manual/Operating Instructions developed and issued pursuant thereto from time to time and any other by-laws, directives of the Securities and Exchange Commission of Pakistan issued from time to time, shall govern the opening, maintenance and operations of the Sub-Account.

2. Each page of this form should be duly signed by the Applicant (and joint Applicants if any) and the Participant or any authorized person of the Participant.

3. The Participant shall ensure provision of copies of all the relevant laws, rules and regulations at his office for access to the Sub-Account Holder(s) during working hours.

4. The Participant shall provide a list of his authorized agents/traders and designated employees, who can deal with the Sub-Account Holder(s) from time to time. Any change(s) therein shall forthwith be intimated in writing to the Sub-Account Holder(s).

5. The Registration Details and such other information specified by the Applicant in this form for opening of the Sub-Account appear in the Sub-Account to be established by the Participant in the Central Depository System who shall ensure the correctness and completeness of the same. Any change therein notified by the Sub-Account Holder from time to time in writing to the Participant shall reflect in the Sub-Account of such Sub-Account Holder.

6. The Book-entry Securities owned by the Sub-Account Holder shall be exclusively entered in the Sub-Account of such Sub-Account Holder.

7. Transfer, Pledge and Withdrawal of Book-entry Securities entered in the Sub-Account of the Sub-Account Holder shall only be made from time to time in accordance with the authorization given by the Sub-Account Holder to the Participant in Part (G) above pursuant to Section 12 and 24 of the Act. Such authorization shall constitutes the congregated / entire authorizations by the Sub-Account Holder(s) in favour of the Participant and supersedes and cancels all prior authorizations (oral, written or electronic) including any different, conflicting or additional terms which appear on any agreement or form the Sub-Account Holder(s) has executed in favour of the Participant.

8. Participant shall be liable to give due and timely effect to the instructions of the Sub-Account Holder given in terms of the above-referred authorization with respect to transfer, pledge and withdrawal of Book-entry Securities entered in his Sub-Account under the control of the Participant. Such instructions, among other matters, may include closing of Sub-Account.

9. Participant shall send within 10 days of end of each quarter Account Balance statement to the Sub-Account Holder without any fee or charge showing the number of every Book-entry Security entered in his Sub-Account as of the end of the preceding quarter. Such Account Balance statement shall be generated from the CDS. Further, the Sub-Account Holder may request for such statement (including Account Activity reports) from the Participant at any time on payment of a fee on cost basis as prescribed by the Participant. The Participant shall be liable to provide such report/statement to the Sub-Account Holder within 3 Business Days from the date of receipt of such request, with or without charges.

10. In consideration for the facilities and services provided to the Sub-Account Holder by the Participant, the Sub-Account Holder shall pay fees and charges to the Participant as applicable for availing such facilities and services under the Act, the Regulations and these Terms & Conditions. In case of outstanding payment against any underlying market purchase transaction, charges and/or losses against the Sub-Account Holder, the Participant shall have the right, subject to Clause 7 above and under prior intimation to the Sub-Account Holder to clear the payment, charges and/or losses (including any shortfall in margin requirements) within the reasonable time prescribed by the Participant, to dispose off the necessary number of Book-entry Securities of the Sub-Account Holder and apply the net proceeds thereof towards the adjustment of such outstanding payment, charges and/or losses, provided that the Participant shall report the disposal of such Securities to the relevant Stock Exchange as an off-market transaction where the Securities are transferred from the Sub-Account to the House Account of the Participant.

11. Participant shall have the right, subject to 20 Business Days prior written notice to the Sub-Account Holder to close the Sub-Account if it becomes dormant with no holding balances. No Sub-Account shall be treated as dormant unless there is no activity for continuous six months.

12. Where admission of Participant to the CDS is suspended or terminated by the CDC, the Sub-Account Holder shall have the right, subject to the Regulations and the Procedures made thereunder, to request CDC to change his Controlling Account Holder and Participant shall extend full cooperation to the Sub-Account Holder in every regard, without prejudice to his right of recovery of any dues or receivable from the Sub-Account Holder.

13. In case of a Joint Account, all obligations and liabilities in relation to this Sub-Account or under these Terms and Conditions shall be joint and several.

14. These Terms and Conditions shall be binding on the Participant's nominee, legal representative, successors in interest and/or permitted assigns.

15. In the event of any conflict between these Terms and Conditions and the terms and conditions contained in Trading Account Opening Form or any other forms/authorizations prescribed by the Participant or otherwise, the Terms and Conditions contained herein shall prevail, insofar as it is related to the custodial services to be provided by the Participant under the legal framework of CDC.

16. The provision of services as provided for hereunder shall not constitute Participant as trustee and the Participant shall have no trust or other obligation in respect of the Book-entry Securities except as agreed by the Participant separately in writing.

17. The Participant is not acting under this application form as Investment Manager or Investment Advisor to the Sub-Account Holder(s).

18. The Participant should ensure due protection to the Sub-Account Holder regarding rights to dividend, rights or bonus shares etc. in respect of transactions routed through him and not do anything which is likely to harm the interest of the Sub-Account Holder with/from whom it may have had transactions in securities.

19. Subject to Section 21 of the Act, Participant shall maintain complete confidentiality of any information or document that is in his knowledge or possession or control relating to the affairs of the Sub-Account Holder(s), and in particular, relating to their Sub-Account(s), and shall not give, divulge, reveal or otherwise disclose such information or document to any other person.

20. These Terms and Conditions shall be deemed to have been amended, altered and/or modified if rights and duties of the parties hereto are altered by virtue of change in law, rules, regulations etc. of SECP and/or articles, rules, regulations of the Stock Exchanges and/or the Act, CDC Regulations, CDC's Operating Manual/Operating Procedures and/or any circular, directive or direction issued therein, such changes shall be deemed to have been incorporated and modified the rights and duties of the parties hereto.

21. The Participant shall offer IVR/ Web/ SMS (*CDS access*) facility to the Sub-Account Holder as a mandatory requirement.

22. The Participant shall ensure that duly filled in and signed copy of this form along with the acknowledgement receipt is provided to the Sub-Account Holder.

Signatures:

Main Applicant	Joint Applicant 1	Joint Applicant 2	Joint Applicant 3	Participant
_____x_____	_____	_____	_____	_____

DECLARATION & UNDERTAKING

I/We, the undersigned, hereby declare that:

a) I/We am/are not minor(s);
b) I/We am/are of sound mind;
c) I/We have not applied to be adjudicated as an insolvent and that I/We have not suspended payment and that I/We have not compounded with my/our creditors;
d) I/We am/are not an undischarged insolvent;
e) I/We confirm having read and understood the above Terms and Conditions and I/We hereby unconditionally and irrevocably agree and undertake to be bound by and to comply with the above Terms and Conditions and any other terms and conditions which may be notified from time to time with the approval of the concerned authorities modifying or substituting all or any of the above Terms and Conditions in connection with the opening, maintenance and operation of the Sub-Account;
f) I/We, being the Applicant(s), hereby further confirm that all the information contained in this form is true and correct to the best of my/our knowledge as on the date of making this application;
g) I/We further agree that any false/misleading information by me/us or suspension of any material fact will render my/our Sub-Account liable for termination and further action under the law; and
h) I/We hereby now apply for opening, maintaining, operation of Sub-Account forming part of the Account Family of CDS Participant Account of Participant.

DISCLAIMER FOR CDC ACCESS

The main objective of providing information, reports and account maintenance services through the Interactive Voice Response System, Internet /Web access and Short Messaging Service ("SMS") or any other value added service is to facilitate the Sub-Account Holders ("Users") with a more modern way to access their information. CDC makes no other warranty of the IVR, Internet /Web access, SMS or any other value added services and Users hereby unconditionally agree that they shall make use of the internet/web access subject to all hazards and circumstances as exist with the use of the internet. CDC shall not be liable to any Users for providing and making available such services and for failure or delay in the provision of SMS to Users and all Users, who use the IVR, internet access, SMS or any other value added services, shall be deemed to have indemnified CDC, its directors, officers and employees for the time being in office and held them harmless from and against any losses, damages, costs and expenses incurred or suffered by them as a consequence of use of the IVR system, internet/web access, SMS or any other value added services.

All Users hereby warrant and agree that their access of the internet /web by the use of a User-ID and login is an advanced electronic signature and upon issuance of such User-ID to the user, they hereby waive any right to raise any objection to the compliance of the User-ID and login with the criteria of an advance electronic signature.

All Users shall by signing this Form and by their conduct of accessing the IVR, internet/Web access, SMS or any other value added services agree to all the terms and conditions and terms of use as shall appear on the CDC website at www.cdcaccess.com.pk which shall be deemed to have been read and agreed to by the Users before signing this form.

Name of Applicant:	Date: Place:	Signature: x
Name of Joint Applicant No 1:	Date: Place:	Signature:
Name of Joint Applicant No 2:	Date: Place:	Signature:
Name of Joint Applicant No 3:	Date: Place:	Signature:
For and on behalf of (*In case if signed by the Attorney on behalf of the Applicant(s)*)		
I/we hereby agree to admit the Applicant(s) as the Sub-Account Holder(s) in terms of the above Terms and Conditions as amended from time to time and shall abide by the same in respect of opening, maintenance and operation of such Sub-Account.		
Name of Participant:	**Date:**	
Participant's Seal & Signature:		
Witnesses:		
1. Name:		
Signature:	CNIC No:	- -
2. Name:		
Signature:	CNIC No:	- -

Enclosures:

1. Attested copy of CNIC / NICOP / Passport of the Applicants / Joint Applicants / nominee(s) (as the case may be).
2. Duly notarised Power of Attorney* (if applicable).
3. Zakat Declaration of the Applicant and the Joint Applicant (if applicable).
4. Attested copy of NTN Certificate (if applicable).

* *Where the Applicant is a non-resident or foreigner, duly consularized copy of Power of Attorney by the Consul General of Pakistan having jurisdiction over the Applicant(s) should be submitted.*

H. FOR THE USE OF PARTICIPANT ONLY						
Particulars of Sub-Account Opening Form verified by :						
				Stamp:		
Application:	☐	Approved	☐	Rejected	Signature: (Authorized signatory)	Date:
Sub-Account no. issued:						
Account opened by:						
Saved by:					Posted by:	
Signature:		Date:			Signature:	Date:
Remarks: *(if any)*						

ACKNOWLEDGEMENT RECEIPT	
Application No:	Date of receipt:
I/We hereby confirm and acknowledge the receipt of duly filled and signed Sub-Account Opening Form from the following Applicant:	
[Insert Name of Applicant(s)]	**Participant's Seal & Signature:**
1.	
2.	
3.	
4.	