

Account Opening Form Shari’ah Compliant Commodity Trading Platform (SCTP)

Note 1: Every field must be filled in.

Note 2: Fields which are not applicable should be marked “NA”.

Note 3: Each page of this form must be duly signed by the Account Holder (Participant) and the Broker.

Date: _____

Dear Sirs,

I/We _____ request you to open a Shari’ah Compliant Commodity Trading Account, for execution of commodity transactions at PMEX Shari’ah Compliant Trading Platform in accordance with applicable regulation and guidelines. My/our account details are as under:

Participant Category:	<input type="checkbox"/> Company	<input type="checkbox"/> Individual
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Participant (Account Holder) Information – Company and Firms Only			
Participant Type <input type="checkbox"/> Islamic Bank <input type="checkbox"/> Conventional bank/Islamic Window <input type="checkbox"/> OMC <input type="checkbox"/> OMC Agency <input type="checkbox"/> Others _____			
Participant Name			
Company Registration Number (CUIN)		NTN Number	
		Sales Tax Number	
Participant Registered Mailing Address			
Residential Status	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		
Date of Incorporation :	Date of Business Commencement:	Board Resolution/ Power of Attorney Date:	
Note: Please attach Board Resolution /Power of Attorney with the Form.			

Participant (Account Holder) Information – Individuals Only

Participant Name			
Father / Husband Name			
Participant CNIC		CNIC Expiry Date	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (dd-mmm-yyyy)	
		Passport Number (for non-resident)	
NTN Number		Sales Tax Number	
Residential Status	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		
Participant Registered Mailing Address			
Contact Details	Home	Office	Mobile
Email Address			
Nationality		Occupation	
Source of Income		Annual Income	

Name of authorized person to instruct, place, deal (buy or sell) and settle transactions and orders.

Participant's Authorized Person Details			
Relationship to the Participant		Designation	
Authorized Person Name			
Father / Husband Name			
CNIC Number		CNIC Expiry Date	
Authorized Person Correspondence Address			
Contact Details	Home	Office	Mobile
Email Address			
Authorized Person Signature			

Note:

1. *In case of multiple authorized persons, please specify their requisite information separately.*
2. *Power of Attorney is required for the above, in case the authorized person is other than the account holder.*

DECLARATION OF SOLVENCY

The company/individual i.e. (the Account Holder) hereby declares that:

- a. It has not applied to be adjudicated as an insolvent and that it has not suspended payment and that it has not compounded with its creditors,
- b. It is not un-discharged insolvent; and
- c. It has not been declared defaulter in repayment of loan(s) of a banks/financial institutions.

CONFIRMATION OF TRADE AND DELIVERY OF MAIL & ACCESS TO PMEX PORTAL

Confirmations of trades and other correspondence may please be sent to:

Office address via postal mail/ courier	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residential address via postal mail/ courier	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address	<input type="checkbox"/> Yes <input type="checkbox"/> No
Direct Access to PMEX Portal:	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARTICIPANT BANK ACCOUNT INFORMATION

Name of Bank	
Savings/ Current Account Number	
Branch Address and Contact Person Details	

NOMINATION (To be submitted in case of Individual participant only)

In the event of death of the Account Holder, the Nominee shall be entitled to receive cash available in the account of the account holder after set-off against losses and liabilities in the Account.

Name of Nominee :	
Relationship to the Account Holder :	
National Identity Card No (Copy Enclosed):	
Address :	
Date of Birth :	_____ (DD/MM/YYYY)
Email Address :	
Telephone Numbers :	Home: Office: Mobile:

The Broker shall ensure provisions of copies of all the above Rules, Regulations, Notices and Circulars at his office for access to the Account Holder(s) during working hours.

DECLARATION

We, _____ (“the Account Holder”) and _____ (“the Broker”) hereby confirm that we have read, understood and accept all the terms and conditions pertaining to execution of commodity transactions at PMEX Shariah Compliant Trading Platform governed under the Regulations Governing Shari’ah Compliant Trading Platform for Murabaha, Futures Market Act 2016 read with the Securities & Exchange Commission of Pakistan Act, 1997, Commodity Exchange & Future Contract Rules, 2005, PMEX General Regulations, Notices and Circulars in so far this doesn’t contradict with Shari’ah as determined by the Shari’ah Advisor / Shari’ah Board of PMEX.

Signature of Account holder		
Name:	Signature:	Dated:
Name:	Signature:	Dated:

For and on behalf of Broker		
Name:	Designation:	Dated:
Signature:		

Witness 1: _____ **Witness 2:** _____
Name: _____ **Name:** _____
CNIC#: _____ **CNIC#:** _____

Enclosures - for Individuals

1. Attested copy of National Identity Card of the applicant.
2. Attested copy of National Identity Cards of the Nominee(s) (if applicable)
3. Attested copy of passports of the applicant, or Nominee(s) (in case of non-residents)
4. Copy of the letter of authorization from the Account Holder(s) of the person authorized to trade in the Account (if other than the account holder)
5. Copy of Income tax return (optional)

Enclosures - for Companies

1. Attested copy of Memorandum and Articles of Association/ Partnership deed, as applicable.
2. Attested copy of Certificate of Incorporation
3. Attested copy of Certificate of Commencement of Business, where applicable
4. Board of Directors' Resolution/Power of Attorney, as applicable
5. List of personal authorized to operate the Account with attested copies of their CNICs
6. Specimen Signature Card
7. Details of promoters/partners/key manager personnel of the company/firm