



Al Meezan Investments Management Ltd.

Know Your Customer (KYC)

(for Individual Account Holders)

Registration Number:		Date:
Name:		
Address:		
CNIC/ Passport No:		Expiry date:
Phone (Res.):	Phone (Off.):	Fax:
Mobile:	Email Address:	
Date of Birth:		
Occupation : <input type="checkbox"/> Self Employed <input type="checkbox"/> Private Service <input type="checkbox"/> Government Service <input type="checkbox"/> Armed Forces <input type="checkbox"/> House Wife <input type="checkbox"/> Other (Specify) _____		
Name of Employer / Business :		
Source of Income <input type="checkbox"/> Salary <input type="checkbox"/> Pension <input type="checkbox"/> Business/Self- Owned <input type="checkbox"/> Stock / Investment <input type="checkbox"/> Inheritance <input type="checkbox"/> Remittance <input type="checkbox"/> Others (specify) _____		
Public Figure <input type="checkbox"/> Yes <input type="checkbox"/> No (Includes Government Officials, Senior Office Bearers of Public Sector Entities, Senior Military Officials and family members, Politicians)		
Monthly Income Slab: <input type="checkbox"/> Rs. 10,000-25,000 <input type="checkbox"/> 25,001- 50,000 (optional) <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> 100,000 or above		
Name of Beneficiary of the Investment _____ <i>if other than principal account holder, in such case please provide copy of CNIC/Passport</i>		
Where did you hear about us: <input type="checkbox"/> Friends <input type="checkbox"/> Advertisement <input type="checkbox"/> Website (optional) <input type="checkbox"/> Existing investor <input type="checkbox"/> Sales team of Al Meezan <input type="checkbox"/> Meezan Bank		
Education: <input type="checkbox"/> Under Graduate <input type="checkbox"/> Under Graduate <input type="checkbox"/> Gradate <input type="checkbox"/> Post Graduate (optional) <input type="checkbox"/> Professional <input type="checkbox"/> Others _____		
NOTES: 1. Providing KYC details is the mandatory for compliance with the regulatory requirement 2. All fields in the form are mandatory except where marked optional 3. Please provide copy of CNIC of Principal Account holder		
DECLARATION: I/we hereby confirm that all information provided in the form is true and correct to my best of knowledge.		
Name	Employee /Sales Code	Signature