

CLIENT RELATIONSHIP FORM  
KYC-CHECKLIST

YOUR PERSONAL INFORMATION (TO BE FILLED BY THE CLIENT)

Name:

Father's / Husband's Name:

Mother's Maiden Name: \_\_\_\_\_

Date of Birth:

Place of Birth:

Nationality: \_\_\_\_\_

New NIC No.

Old NIC No.

Passport No.

Permanent Address:

Your Current Residence is: Owned Rented Mortgaged Parents Company  
Provided

Type of Accommodation: House Apartment Portion Other

Residing Since: Tel (Res) : Email:

Gender: Male

Female

Qualification: Matric

Inter/A' Levels

Bachelors

Master & Above

Source if Funds invested in stock Market:

Loaned/Borrowed

Own Investment

Collective Investment

Inherited

Savings

YOUR OCCUPATIONAL DETAILS (TO BE FILLED BY THE CLIENT)

Name of Company:

Designation

Tel:

Fax:

Cell:

Email (office)

Nature of Occupation: Salaried

Businessman

Self Employed Professional

Nature of Business (please specify)

Business / Employment tenure:

Years:

Months:

Your Monthly Income: Gross Income (Rs.) Net Income (Rs.) Other income (Rs.)

YOUR REFERENCE

Name:

Relationship:

New NIC No.

Address Residence:

Tel (Res.)

Tel (Office)

Cell No:

CONTACT DETAILS

Land Line No

CNIC No

Cell Number

Address Res

Address off

Passport in case of foreigner

Nationality

Email Address

Obtain Business Card

REMARKS

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Account Holder

Joint Account Holder

Reviewed By