

Date		NBP KYC / CDD FORM					
1.Branch Name		2.Branch Code		3.Region			
4. Account No.		5.CIF NO		6. Currency Type			
7. Title of Account			8. Customer Name				
9. Identity Documents			10. Identity / Registration Number				
11.Date of Birth		12. Expiry Date of Identity Documents					
13. Current Residential Address							
14. Customer Type (Tick the appropriate Box)	INDIVIDUAL	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Landlord/ Landlady	<input type="checkbox"/> House Wife	<input type="checkbox"/> Retired Person		
		<input type="checkbox"/> Student	<input type="checkbox"/> Minor	Guardian's Name of Minor			
		<input type="checkbox"/> Salaried-Private	Name of Employer				
		<input type="checkbox"/> Salaried (Govt / Semi Govt)	Name of Employer				
		<input type="checkbox"/> Self Employed/ Proprietorship	Name of Employer				
		<input type="checkbox"/> Other , Please Specify Details					
	ENTITY	<input type="checkbox"/> Club (*)	<input type="checkbox"/> Society(*)	<input type="checkbox"/> Trust (*)	<input type="checkbox"/> Registered Partnership		
		<input type="checkbox"/> Company/ Corporation	<input type="checkbox"/> NGO/ NPO Charities(*)	<input type="checkbox"/> Agents Account	<input type="checkbox"/> Unregistered Partnership		
		<input type="checkbox"/> Executors / Administrator		<input type="checkbox"/> Foreign Missions / Diplomatic Offices			
		<input type="checkbox"/> Branch liaison Office of Foreign Companies		<input type="checkbox"/> Govt Institution (Federal / Provisional / Local)			
		<input type="checkbox"/> Association (*)		<input type="checkbox"/> Other , Please Specify details below			
15. Purpose of Account (Could be Multiple)	INDIVIDUAL	<input type="checkbox"/> Salary	<input type="checkbox"/> Stock / Investment	<input type="checkbox"/> Pension	<input type="checkbox"/> Agriculture		
		<input type="checkbox"/> Personal Saving	<input type="checkbox"/> Business / Self Employed	<input type="checkbox"/> Property Rent			
		<input type="checkbox"/> Home Remittance	<input type="checkbox"/> Other, Please Specify below				
	ENTITY	<input type="checkbox"/> Business	<input type="checkbox"/> Foreign Remittance	<input type="checkbox"/> Agriculture Income	<input type="checkbox"/> Stock / Investment Income		
		<input type="checkbox"/> Government Transactions		<input type="checkbox"/> Charity & Donations/ Payments / Collection			
<input type="checkbox"/> Other, Please Specify							

16. Normal Mode of Transactions (Could be Multiple)	<input type="checkbox"/> Clearing		<input type="checkbox"/> Collection		<input type="checkbox"/> Remittance		<input type="checkbox"/> Online		
	<input type="checkbox"/> Cash Deposit / Withdrawal				<input type="checkbox"/> Cheque Deposit / Withdrawal				
	<input type="checkbox"/> Other Please Specify Details								
17. Source of Funds (Could be multiple)	INDIVIDUAL	<input type="checkbox"/> Pension		<input type="checkbox"/> Services		<input type="checkbox"/> Property		<input type="checkbox"/> Dividends	
		<input type="checkbox"/> Salary		<input type="checkbox"/> Tuition Fees		<input type="checkbox"/> Local Trading		<input type="checkbox"/> Agriculture Income	
		<input type="checkbox"/> Rental Income		<input type="checkbox"/> Business Income		<input type="checkbox"/> Royalty Income		<input type="checkbox"/> Interest Income	
		<input type="checkbox"/> Import / Export Proceeds				<input type="checkbox"/> Stock Investment / FX Trading			
		<input type="checkbox"/> Support from Parents/ Spouse / other Family				<input type="checkbox"/> Home Remittance			
	<input type="checkbox"/> Other Please Specify Details								
	ENTITY	<input type="checkbox"/> Donations		<input type="checkbox"/> Govt Funds		<input type="checkbox"/> Dividends		<input type="checkbox"/> Local Trading	
		<input type="checkbox"/> Real Estate		<input type="checkbox"/> Rental Income		<input type="checkbox"/> Business Income			
		<input type="checkbox"/> Agriculture Income		<input type="checkbox"/> Royalty Income		<input type="checkbox"/> Stock Investment		<input type="checkbox"/> Import / Export Proceeds	
		<input type="checkbox"/> Equity/FX Trading		<input type="checkbox"/> Grand/ Relief From Other Entities if the Group					
<input type="checkbox"/> Other, Please Specify Details									
18. Expected Monthly Turnover	No. of Debit Transactions				PKR Equivalent Amount of Debit Transactions (000)				
	No. of Credit Transactions				PKR Equivalent Amount of Credit Transactions (000)				
19.(a) Nationality	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other (In case of Other Please select Country)							
19.(b) Residence	<input type="checkbox"/> Resident	<input type="checkbox"/> Other (In case of Non Resident, Please select Country)							
20. Politically Exposed Person (PEP)			<input type="checkbox"/> Yes (In Case of "Yes" Answer "A" and "B")			<input type="checkbox"/> No			
	Nature		<input type="checkbox"/> (A) Self Specify (Position /Status in below field)			<input type="checkbox"/> (B) Linked to PEP Specify Relationship below field			
	Describe all Source of Wealth and Income								
21. Beneficial Ownership	<input type="checkbox"/> Self	<input type="checkbox"/> Other** (Complete Details on table of Beneficial owner on Next Page)							

22. Expected Types of Counter Parties (Could be Multiple)	<input type="checkbox"/> F.I	<input type="checkbox"/> Govt Entity	<input type="checkbox"/> NGO/ NPO	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Limited Company	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Self Employed	
	<input type="checkbox"/> Other, Please Specify			
23. Geographies Involved (Places) of Counter Parties (Could be Multiple)	Within Pakistan (Please Select from below)			Outside Pakistan (Mention Country Name)
	<input type="checkbox"/> Sindh	<input type="checkbox"/> Punjab	<input type="checkbox"/> AJK	
<input type="checkbox"/> Balochistan	<input type="checkbox"/> Gilgit Baltistan	<input type="checkbox"/> KPK		

****Please Provide Details Of Beneficial Owner-Individual Account**

1.Name of Beneficial Owner				2. Relationship with Customer			
3.Address of the Beneficial Owner							
4 . (a) Nationality	<input type="radio"/> Pakistani	<input type="radio"/> Other Specify (In Case of Other, Please Select Country)					
4. (b) Residence	<input type="radio"/> Resident	<input type="radio"/> Non-Resident (In Case Non-Resident Please Select Country)					
Is the Beneficial Owner US Person Select "Yes" OR "NO"			<input type="radio"/> Yes	<input type="radio"/> No			
5. Identity Documents				6. Identity Number			
7.Date of birth				8. Expiry Date of Identity Documents			
9. Source of Funds	<input type="checkbox"/> Salaried	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Rental Income	<input type="checkbox"/> Business (Specify Line of Business in Below field)			

****Please Provide Details of Beneficial Owners / Directors / Shareholder /Partner / Trustees / Member / Authorize Signatory- Entity Accounts (Beneficial Owners having Direct /Indirect Share holding of 20 % and more)**

Name of Individual	Designation	CIF Number	Identity Number	Date of Birth	Expiry Date Of Document	Current Residential Address	Is U.S Person Yes / No	% age of Share Holding

** U.S Person mean U.S Citizen, Resident , Green Card Holder or U.S entities (Corporations, Partnership etc) and U.S Owned Foreign entities i,e any Foreign entity which is substantially owned , directly or Indirectly more than 20 % by the U.S person(s)

	PREPARED BY:	REVIEWED BY
Comments:		
Name		
Designation		
Signature & Sap ID		
Date		Date