



Sakarwala Capital Securities (Pvt) Ltd.

Corporate Stock Brokerage House (TREC # 010) Pakistan Stock Exchange Ltd. Karachi
 Corporate Commodities Brokerage House (TREC # 050) Pakistan Mercantile Exchange Ltd. Karachi.

HEAD OFFICE : 114, 3rd Floor, Stock Exchange Building, Karachi.

Tel : 3241-9314, 3241-9732, 3241-1998, 3242-8301-2 Fax : 92-21-32428303

BRANCH OFFICE : 130, 3rd Floor, Stock Exchange Building, Karachi. NTN : 1282957-9 SNTN : S1282957-9

ACCOUNT UPDATION FORM Important: Please ensure that information you wish to update in your PSX, NCCPL, Back Office Record & CDC Sub-Account must be clearly mentioned in this form.

Account Title	Sub Account No.	UIN No.	Date
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1) **Contact No:**

Cell No _____	NTN# _____
Name of Network _____	Res. Phone No _____
Office Phone No _____	Fax No. _____
(In case number is ported to other network)	Date of Birth (DD/MM/MM) _____
	Mother's Name _____

2) Email Address _____

3) **Address:**

a) Mailing _____

b) Permanent _____

(should not be any office address)

NOTE : Please attach supporting document for evidence to change in any of the above addresses, such as, copy of CNIC/NICOP/Passport/Utility Bills & Employer Certificate etc.

BANK MANDATE (MANDATORY) Must be Title Account Holder

Addition Updation

IBAN (International Bank Account No.) : _____ **PK** _____

Bank Name & Branch: _____

Branch Address: _____

ZAKAT STATUS

Muslim Payable Muslim Non-Payable Non -Muslim

NOTE: In case of Muslim, please attach true attested copy of Zakat Declaration(CZ-50) for title and all joint account holders on stamp paper as per the prescribed format. In case of Non-Muslim, please attach declaration for title and all joint account holders as per the prescribed format on plain paper.

Change of Nominee

Name of Nominee : _____ Father's/Husband's Name: _____

Spouse Father Mother Brother Sister Son* Daughter

NOTE : (Please attach clear & readable copy of CNIC/NICOP/Passport.)

NAME, CNIC / NICOP /PASSPORT NO. AND EXPIRY DATE

Name as per CNIC/NICOP/Passport _____

CNIC/NICOP/Passport No _____

CNIC/NICOP/Passport Expiry Date _____ (DD/MM/YYYY)

NOTE : (Please attach clear & readable copy of CNIC/NICOP/Passport.)

AUTHORIZED SIGNATORY OF THE ACCOUNT

1) Name _____ Signature _____
 2) Name _____ Signature _____
 3) Name _____ Signature _____
 4) Name _____ Signature _____

FOR OFFICE USE ONLY

Saved Transaction Id No. _____ Date: _____

Saved & Posted BY _____ Signature _____