

SQUARE SECURITIES MANAGEMENT LTD.

KYC Profile Form

(under FORM-II)

(Filled by the Stock Broker)

Name of the Account Holder(s): _____

B.O. Account Number : _____

Customer Account Number: _____

Occupation (with Joint Account Holder's, if any): _____

Name of MD/CEO (in case of Company or Institution or Firm): _____

Nature of Business (in case of Company or Institution or Firm): _____

Describe in detailed as to whether the account holder (the individual/institution / company) is a director / sponsor of a listed company or he / it is a politically exposed person (PEP) / Influential Person/Member of a Senior Management of an International Organization. ? Yes [] No []

If Yes, please specify: _____

Source of Fund: _____

Approximate amount of Daily/Monthly/Annual Transactions: _____

Describe in detailed, how source of fund was verified: _____

Details of Information/Documents of the Account Holder(s):

Sl.	Nature of Documents	Number	Photocopy Obtained		Applicable for
			Yes	No	
1	National ID				Individual (if any)
2	Passport				Individual (if any) or NRB or Foreigner
3	Visa/Residential Permit and Work permit				NRB or BR or Foreigner
4	Birth Certificate				Individual (if any)
5	Driving License				Individual (if any)
6	Bank Account with supporting document				Individual or NRB or NR or Foreigner
7	NID/Birth Certificate/Passport				Nominee
8	NID/Birth Certificate/Passport				Authorized Person
9	Registration Certificate				Firm/Company/Institution
10	Date of Incorporation				Firm/Company/Institution

SQUARE SECURITIES MANAGEMENT LTD.

KYC Profile Form

Sl.	Nature of Documents	Number	Photocopy Obtained		Applicable for
			Yes	No	
11	Memorandum of Association				Company/Institution
12	Articles of Association				Company/Institution
13	Trade License				Firm/Company/Institution
14	E-TIN/TIN				Individual/Firm/Company/Institution
15	VAT Registration				Firm/Company/Institution
16	Particular of Directors				Company/Institution

Comments (if any): _____

.....
Signature of the Account Opening
Officer with date & Seal

.....
Signature of Authorized Officer/
MD/CEO with date & Seal

When was the information related to the Account last reviewed and updated? if any, details with comments: _____

.....
Signature of the Officer performing review
date and update, with date & Seal