CAPITAL ALLIANCE SECURITIES (PVT)LTD
Application for a Margin Trading Facility for Individuals

Please ☑ where applicable and complete this form in **BLOCK LETTERS**

PERSONAL DATA (MANDATORY)

TITLE: Mr | Mrs | Miss | Rev | Dr | Prof. | Other

LAST NAME

INITIALS *

NAMES DENOTED BY INITIALS

RESIDENCE ADDRESS

NIC NO:/PP NO (Please attach a photocopy) DATE OF BIRTH D D M M Y Y Y Y

NATIONALITY * NON - RESIDENT / RESIDENT

TELEPHONE FAX

MOBILE

E-MAIL

EMPLOYMENT DETAILS

OCCUPATION/PROFESSION

COMPANY NAME & ADDRESS

TELEPHONE FAX

NATURE OF BUSINESS

2ND JOINT HOLDER

TITLE: Mr | Mrs | Miss | Rev | Dr | Prof. | Other

LAST NAME

INITIALS *

NAMES DENOTED BY INITIALS

ADDRESS

NIC NO:/PP NO (Please attach a photocopy) DATE OF BIRTH D D M M Y Y Y Y

NATIONALITY * NON - RESIDENT / RESIDENT

TELEPHONE FAX

MOBILE

E-MAIL

BANKING PARTICULARS

BANK NAME	BRANCH	A/C TYPE	ACCOUNT NO/S

Special Banking Instructions

OTHER MARGIN TRADING PARTICULARS

NAME OF THE MARGIN PROVIDER	AMOUNT OUTSTANDING	MARKET VALUE OF SECURITY

PARTICULARS OF OTHER FACILITIES / LIABILITIES

NAME OF BANK/ FINANCIER	ORIGINAL AMOUNT	AMOUNT OUTSTANDING	BALANCE PERIOD	MARKET VALUE OF SECURITY

LISTED SECURITIES
(Please attach a list of shares presently held in the following format)

NAME OF SHARES	QUANTITY HELD	CURRENT MARKET VALUE

CDS ACCOUNT NO

MARGIN TRADING FACILITY EXPECTED (Rs)

INSTRUCTIONS

CORRESPONDING ADDRESS RESIDENCE ☐ OFFICE ☐ OTHER

OPERATING INSTRUCTIONS SELF ☐ EITHER ☐ BOTH ☐

DECLARATION

I / We hereby declare that the information furnished above in this application and in the attached annexure/s are true and correct. I / We understand that this application and attached documents remains the property of Capital Alliance Securities (Pvt) Limited. I hereby authorize Capital Alliance Securities (Pvt) Limited to contact my / our stock broker/s to obtain information as to my / our share portfolio maintain in the past and as at present and our account history, and I / we hereby also authorize my / our stock broker/s to provide required information to Capital Alliance Securities (Pvt) Ltd. I/ We also understand that Capital Alliance Securities (Pvt) Ltd reserves the right to reject this application at its absolute discretion without assigning any reasons thereof.
Dated this on …… day of …… 20 ……..

NAME	SIGNATURE
1	
2	

FOR OFFICE USE ONLY

Client Code :…… Branch Code: ……

Introduced By:…… Facility Granted ……

Authentication:…… Dated :……