

Annex A (See Rule 42)

**Bank
Name
Logo**

**Know Your
Customer For
Government
clients (KYC)**

Date:

Account Title (No abbreviation)							
Category	<input type="checkbox"/> Federal Government	<input type="checkbox"/> Provincial Government	<input type="checkbox"/> District/Local Government	<input type="checkbox"/> Tehsil/Taluka Administration	<input type="checkbox"/> Union Council	<input type="checkbox"/> NPO	<input type="checkbox"/> Others (please mention) _____
Sub Category	<input type="checkbox"/> Federal Division	<input type="checkbox"/> Provincial Department	<input type="checkbox"/> Executive Department		<input type="checkbox"/> Attached Department		<input type="checkbox"/> Government Commercial Deptt.
	<input type="checkbox"/> Sub-ordinate Office	<input type="checkbox"/> Public Sector Entity's Project	<input type="checkbox"/> Autonomous/Semi-Auto./Body Corporate	<input type="checkbox"/> Govt. Business Entity (under Companies Act)		Others (please mention) _____	
Type	<input type="checkbox"/> Revolving Fund Account (FCY Assignment Account)		<input type="checkbox"/> Local Currency Assignment Account	<input type="checkbox"/> Saving Account		<input type="checkbox"/> Normal Current Account	
	<input type="checkbox"/> Current Account with Interest/ Mark-up/ Profit		<input type="checkbox"/> Terms Deposit Receipt Account (TDR)	<input type="checkbox"/> Escrow Account		<input type="checkbox"/> Others (please mention) _____	
Purpose	<input type="checkbox"/> Special Purpose Fund (SPF) Federal	<input type="checkbox"/> SPF Provincial /District	<input type="checkbox"/> SPF Autonomous Bodies	<input type="checkbox"/> Reimbursement	<input type="checkbox"/> Fee Collection	<input type="checkbox"/> Other Collection	<input type="checkbox"/> Pension Liability
	<input type="checkbox"/> Security Deposit	<input type="checkbox"/> Guarantee Deposit	<input type="checkbox"/> General Public Donations/ Contributions	<input type="checkbox"/> Employee Contributions	<input type="checkbox"/> Unit/Regiment Welfare Fund	<input type="checkbox"/> Public-Private Partnership	<input type="checkbox"/> Others (please mention) _____
Source of Fund	<input type="checkbox"/> Federal Consolidated Fund	<input type="checkbox"/> (Name) _____ <input type="checkbox"/> Provincial Consolidated Fund	<input type="checkbox"/> Foreign Donations/ Grants: (Name the Country & Agency) _____		<input type="checkbox"/> Recoveries on behalf of Government	<input type="checkbox"/> Others (please mention) _____	
Governing Legislation: (name the relevant field)	<input type="checkbox"/> Act/ Ordinance of Federal Government	<input type="checkbox"/> Rules of Business of the Federal Government	<input type="checkbox"/> Presidential Orders		<input type="checkbox"/> Act/ Ordinance of the Provincial Government	<input type="checkbox"/> Rules of Business of the Provincial Government	
	<input type="checkbox"/> Local/ District Government Act/ Ordinance	<input type="checkbox"/> Orders of the Governor	<input type="checkbox"/> Approval of the Cabinet		<input type="checkbox"/> Company Act	<input type="checkbox"/> Others (please mention) _____	
Currency	<input type="checkbox"/> LCY		<input type="checkbox"/> FCY		<input type="checkbox"/> Note:1- SBP approval required for FCY account. <input type="checkbox"/> 2- Finance Division/Department's endorsement/ approval is required		
Special resolution duly endorsed by finance department / higher office approval Obtained					<input type="checkbox"/> Yes		<input type="checkbox"/> No
Details of Governing body members / Authorized Officials/ signatories are obtained/ captured in system					<input type="checkbox"/> Yes		<input type="checkbox"/> No
Geographical location			<input type="checkbox"/> Low Risk Area	<input type="checkbox"/> Medium Risk Area		<input type="checkbox"/> High Risk Area	
Address Verifications Satisfactory			<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> If No provide details	

<input type="checkbox"/> Authorized Signatories	<input type="checkbox"/> Profile	<input type="checkbox"/> Screening	<input type="checkbox"/> SS Card	<input type="checkbox"/> Blosys / NADRA Verisys	<input type="checkbox"/> Posting Letter	<input type="checkbox"/> Financial Power
• Anticipated Transaction Profile and Banking Relationships:						
Budget Allocation / Grant			Amount:			
Total Debit / Credit Turnover Per month			Amount:		No. of transactions:	
Expected Inward Foreign Remittances per month			Amount:		No. of transactions:	
Expected Outward Foreign Remittances per month			Amount:		No. of transactions:	
Cash Withdrawal Limit as per governing Rules			Amount:		No. of transactions:	
Mandate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Beneficial Ownership		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mode of Transactions	<input type="checkbox"/> Cash		<input type="checkbox"/> Clearing		<input type="checkbox"/> Internet Banking	<input type="checkbox"/> Inter Branch
	<input type="checkbox"/> Domestic remittance		<input type="checkbox"/> Foreign Remittance		<input type="checkbox"/> Other (please mention) _____	
Tax Exemption	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Locker Facility Required		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account Operation	<input type="checkbox"/> Singly	<input type="checkbox"/> Jointly	Through Resolution		Other (please mention) _____	
Linked / Associated Accounts Details						
Details of Banking Relationships (Accounts with other Banks)						
<input type="checkbox"/> Name of the Bank & Branch 1. _____ 2. _____ 3. _____						
Risk Category	<input type="checkbox"/> Low		<input type="checkbox"/> Medium		<input type="checkbox"/> High	
Brief Comments						

I hereby certify that all relevant information and documents required for opening of **government account** have been obtained and are in order.

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Name & Signature Operation Manager
Manager

Name & Signature Branch