

# CDD



## State Bank of Pakistan Banking Services Corporation (Bank)

### PERSONAL DETAILS

APPLICANT NAME																			
FATHER/HUSBAND'S NAME																			
MOTHER'S NAME																			
GENDER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> OTHER	DATE OF BIRTH	D	D	-	M	M	-	Y	Y	Y	Y					
IDENTITY DOCUMENT TYPE		<input type="checkbox"/> CNIC				<input type="checkbox"/> NICOP				<input type="checkbox"/> POC									
CNIC/NICOP/POC						-									EXPIRY				
MOBILE NUMBER															EMAIL	(EXAMPLE XYZ@GMAIL.COM)			
CITIZENSHIP		<input type="checkbox"/> PAKISTANI		<input type="checkbox"/> DUAL		COUNTRY (If Dual)													
CURRENT ADDRESS																			
										CURRENT DISTRICT									
PURPOSE OF BUSINESS RELATIONSHIP		<input type="checkbox"/> Investment		<input type="checkbox"/> Pledge		<input type="checkbox"/> Court Orders				<input type="checkbox"/> Others (Specify) _____									

### EMPLOYMENT DETAILS

CUSTOMER TYPE	<input type="checkbox"/> SALARIED	<input type="checkbox"/> SELF EMPLOYED	<input type="checkbox"/> RETIRED
	<input type="checkbox"/> DEPENDENT – HOUSEWIFE	<input type="checkbox"/> DEPENDENT - STUDENT	
EMPLOYER/BUSINESS NAME			
EMPLOYER/BUSINESS ADDRESS			

### OWNERSHIP AND INVESTMENT DETAILS

ULTIMATE BENEFICIAL OWNER - (UBO)	<input type="checkbox"/> SELF				<input type="checkbox"/> OTHER										
UBO NAME (if other)					RELATIONSHIP										
UBO ID DOCUMENT NUMBER					-									-	
PRODUCT TYPE	<input type="checkbox"/> SPECIAL SAVING CERTIFICATE				<input type="checkbox"/> DEFENCE SAVING CERTIFICATE										
	<input type="checkbox"/> NATIONAL PRIZE BONDS				<input type="checkbox"/> PREMIUM PRIZE BONDS				<input type="checkbox"/> MIX						
EXPECTED INVESTMENT (Rs.)															
PAYMENT METHOD	<input type="checkbox"/> Cash				<input type="checkbox"/> Cheque				<input type="checkbox"/> PO/DD						
	<input type="checkbox"/> Direct Credit				<input type="checkbox"/> Mix of All										

### ACCOUNT DETAILS

BANK NAME											BRANCH											
ACCOUNT TITLE																						
IBAN NUMBER	P	K																				

### Terms & Conditions

I HEREBY DECLARE AND ACCEPT THAT:

- The information provided above is true and complete.
- The aforementioned bank account is maintained in my name.
- In case of any misinformation / incorrect details of any nature whatsoever, I will be responsible and SBP BSC (Bank) reserves the right to take legal actions against me as per the relevant laws.
- I authorize bank to utilize my information for accessing/availing Verification Services and bank has conveyed that they reserve the right to utilize my information for this purpose.
- I agree to receive SMS alert from SBP BSC (Bank) whenever face value, profit and prize money is credited to my account and any other information deemed important.
- I adhere to the relevant rules and laws applicable.
- I have read the undertaking and agree to its content unconditionally.

DATE \_\_\_\_\_

APPLICANTS'S SIGNATURE \_\_\_\_\_



**State Bank of Pakistan**  
**Banking Services Corporation (Bank)**

## POLITICALLY EXPOSED PERSON (PEP) SELF-DECLARATION

Pursuant to National Saving Schemes (AML and CFT) Regulations, 2020 issued by the National Savings (AML and CFT) Supervisory Board for National Savings Schemes, Enhanced Due Diligence (EDD) measure are required to be undertaken on the customers who are classified as a Politically Exposed Person (PEP), close associates of PEP or family members of PEP.

*The said regulations have defined PEP as any individual who is or has been entrusted with a prominent public function in Pakistan, a foreign country, or an international organization, and includes but is not limited to:*

1. *Heads of states, heads of governments, ministers and deputy or assistant ministers by whatever name called;*
2. *Members of Parliament or Provincial Assembly;*
3. *Judges of Supreme Courts, of constitutional courts or of any judicial body the decisions of which are not subject to further appeal except in exceptional circumstances;*
4. *Government employees of BPS-21 or equivalent and above;*
5. *Ambassadors;*
6. *military officers with a rank of Lieutenant General or higher and its commensurate rank in other services;*
7. *Directors and members of the board or equivalent function of an international organization;*
8. *Members of the governing bodies of political parties; and*
9. *Members of the board or equivalent function in corporations, departments or bodies that are owned or controlled by the state.*

**Close associate of PEP:**

1. *An individual known to have joint beneficial ownership of a legal person or a legal arrangement or any other close business relations with a PEP; or*
2. *Any individual who have beneficial ownership of a legal person or a legal arrangement which is known to have been set up for the benefit of a PEP; or*
3. *An individual who is in an equivalent relationship as a spouse with a PEP; or*
4. *An individual who is reasonably known to be closely connected with a PEP for any other reason, either socially or professionally.*

**Family Member of PEP:** A spouse of the PEP or lineal descendants and ascendants of the PEP.

Please select the relevant box, confirming PEP, associate or family member of a PEP status. Further, any change in your status as a PEP or related or Non PEP should immediately be informed to SBP BSC.

I am <b>NOT</b> a PEP or close associate / family member as defined above	<input type="checkbox"/>
I am a PEP as defined above	<input type="checkbox"/>
I am a close associate or family member of a PEP as defined above, the details of related PEP are as under:	<input type="checkbox"/>

PEP NAME											RELATION WITH PEP																		
PEP CNIC NO.						-							-		PEP PROFESSION														
PEP EMPLOYER / BUSINESS NAME																													
PEP EMPLOYER / BUSINESS ADDRESS																													

I HEREBY DECLARE THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND COMPLETE

**APPLICANT SIGNATURE**

DATE \_\_\_\_\_

**(FOR OFFICE USE ONLY)**

NADRA VERIFICATION	TYPE	<input type="checkbox"/> BIOSYS	<input type="checkbox"/> VERISYS	ID		DATE	D	D	-	M	M	-	Y	Y	Y	Y
SANCTION SCREENING		<input type="checkbox"/> YES	<input type="checkbox"/> NO	ID		DATE	D	D	-	M	M	-	Y	Y	Y	Y
UBO NADRA VERIFICATION	TYPE	<input type="checkbox"/> BIOSYS	<input type="checkbox"/> VERISYS	ID		DATE	D	D	-	M	M	-	Y	Y	Y	Y
HIGH RISK PROFESSION		<input type="checkbox"/> YES	<input type="checkbox"/> NO	TYPE (if yes)												
REMARKS (IF ANY)																

**SIGNATURE**

KYC OFFICIAL

**SIGNATURE**

IMU OFFICIAL

Date \_\_\_\_\_