



Date:

Centralized KYC Organization (CKO)
National Clearing Company of Pakistan Limited
8th floor, Pakistan Stock Exchange
Karachi,
Pakistan.

Authority Letter for updating information

Dear Concern,

It is to certify that our client (Name) _____ bearing UIN
_____ and UKN _____, hereby authorize us to initiate updating
information request in KYC Information System (KIS) in accordance with CKO Regulations, 2017.

Regards

Customer Name

**Authorized Signatories of
IGI Finex Securities Limited**

Customer Signature

**Stamp of Authorized Intermediary
IGI Finex Securities Limited**

IGI Finex Securities Limited
Trading Rights Entitlement Certificate (TREC) Holder of
Pakistan Stock Exchange Limited Corporate member of
Pakistan Mercantile Exchange Limited (BRC-020)

Head Office
Suite No. 701-713, 7th Floor, The Forum,
G-20, Khayaban-e-Jami, Block-09,
Clifton, Karachi-75600
UAN: (+92-21) 111-444-001, 111-234-234
Email: info@igi.com.pk
Website: www.igisecurities.com.pk

Lahore Office
Shop No. G-009, Ground Floor,
Packages Mall, Lahore.
Tel: (+92-42) 38303560-9

Faisalabad Office
Office No. 2, 5 & 8, Ground Floor,
The Regency International 949,
The Mall, Faisalabad.
Tel: (+92-41) 2540843-45

Multan Office
Mezzanine Floor, Abdali Tower,
Abdali Road, Multan
Tel: (+92-61) 4512003, 4571183

Islamabad Office
3rd Floor, 85 East, Kamran Center,
Jinnah Avenue, F-7/G-7, Blue Area,
Islamabad
Tel: (+92-51) 2604861-2, 2604864, 2273439

Rahim Yar Khan Office
Basement of Khalid Market, Building # 12
Town Hall Road, Rahim Yar Khan
Tel: (+92-68) 5871652-53

ACCOUNT UPDATION FORM

Date: _____

Title of Account / Name: _____ Account No.: _____

Kindly Tick (☒) the checkbox required for amendment

☐

ADDRESS

Current Address: _____

New Address: _____

Permanent Address: _____

☐

CONTACT DETAILS

CURRENT CONTACT DETAILS

Home: _____

Office: _____

Mobile/Cell: _____

Fax: _____

Email Address: _____

NEW CONTACT DETAILS

Home: _____

Office: _____

Mobile/Cell: _____

Fax: _____

Email Address: _____

☐

ZAKAT STATUS

☐

Enable (Zakat Declaration Form is Mandatory)

☐

Disable

☐

DIVIDEND MANDATE

Bank Account Title: _____ IBAN No.: _____

Bank Name: _____ City: _____ Branch: _____

Bank Address: _____

☐

NOMINATION (Attested CNIC Copy required)

CURRENT NOMINEE (If any)

Name: _____

Relationship: _____

CNIC No. _____

NEW NOMINEE

Name: _____

Relationship: _____

CNIC No. _____

Account Holder

Joint Account
Holder-1

Joint Account
Holder-2

Joint Account
Holder-3