

Date

PEP IDENTIFICATION FORM

Annexure-I

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| <input type="radio"/> Initial KYC / CDD | <input type="radio"/> Periodic Review | |
| 1) Account Opening Date <input type="text"/> | 2) Branch Name <input type="text"/> | |
| 3) Branch Code <input type="text"/> | 4) Region <input type="text"/> | |
| 5) Account Number <input type="text"/> | 6) CIF NO <input type="text"/> | |
| 7) Title of Account <input type="text"/> | | |
| 08) CNIC Number <input type="text"/> | 9) <input type="radio"/> New To Bank <input type="radio"/> Existing To Bank | |
| 10) Name of Individual (If Title of A/C is other than Individual) | <input type="text"/> | |
| 11) Is the Customer High Ranking Government official | <input type="radio"/> Yes <input type="radio"/> No | If Yes , Then Tick anyone of the following |
| | <input type="checkbox"/> President | <input type="checkbox"/> Prime Minister <input type="checkbox"/> Governor |
| | <input type="checkbox"/> Minister of State | <input type="checkbox"/> Provincial Minister <input type="checkbox"/> Chief Minister |
| | <input type="checkbox"/> Senior Civil Servant | <input type="checkbox"/> Federal Minister |
| | <input type="checkbox"/> Deputy/ Assistant Minister for Federal Ministries | |
| | <input type="checkbox"/> Advisors to President/ Prime Minister /Governor /Chief Minister | |
| | <input type="checkbox"/> If Other,Specify Position with Department | <input type="text"/> |
| 12) Is the Customer Member of a Legislative Assembly ? | <input type="radio"/> Yes <input type="radio"/> No | If Yes , Then Tick anyone of the following |
| | <input type="checkbox"/> National Assembly Member | <input type="checkbox"/> Senator <input type="checkbox"/> Provincial Assembly Member |
| | <input type="checkbox"/> Chairman/Head of Political Party | <input type="checkbox"/> Key Member of Political Party |
| | <input type="checkbox"/> If Other Constituency / Political Affiliation (Please Specify Below) | |
| | <input type="text"/> | |
| 13) Is the Customer Having a position as a Judicial Official ? | <input type="radio"/> Yes <input type="radio"/> No | If Yes , Then Tick anyone of the following |
| | <input type="checkbox"/> Civil Judge-Judicial Magistrates Court | <input type="checkbox"/> Special Tribunal and Board |
| | <input type="checkbox"/> Head of Govt. Prosecutorial Office | <input type="checkbox"/> Attorney General Or Equivalent |
| | <input type="checkbox"/> Specify Position with Name of Entity | <input type="text"/> |
| 14) Does the Customer Hold any Prominent Public Function ? | <input type="radio"/> Yes <input type="radio"/> No | If Yes , Then Tick anyone of the following |
| | <input type="checkbox"/> City Nazim /Mayor | <input type="checkbox"/> Head of Central Bank |
| | <input type="checkbox"/> Head of Regulatory authorities /local Bodies(SBP,SECP,PEMRA,OGRA Etc) | |
| | <input type="checkbox"/> Senior Civil Servant heading departments (National /Federal /District Level) | |
| | <input type="checkbox"/> Specify Position with name of Entity | <input type="text"/> |

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| 15) Is the Customer a Diplomat ? | <input type="radio"/> Yes | <input type="radio"/> No | If Yes , Then Tick anyone of the following | |
| | <input type="checkbox"/> Ambassador | <input type="checkbox"/> Senior Embassy and Consulate Staff | | |
| | Specify Position with name of Embassy /Consulate | | | |
| 16) Is the Customer High Ranking Military Official ? | <input type="radio"/> Yes | <input type="radio"/> No | If Yes , Then Tick anyone of the following | |
| | <input type="checkbox"/> General / Admiral /Air Chief Marshall (Equivalent) | | | |
| | <input type="checkbox"/> Other High Ranking Officer in armed forces (Brigadier, Commodore, Air Commodore) | | | |
| | Specify Position with Armed Force Name | | | |
| 17) Does Customer hold and Senior Position in State owned Enterprises /Corporation/ Autonomous Body ? | <input type="radio"/> Yes | <input type="radio"/> No | If Yes , Then Tick anyone of the following | |
| | <input type="checkbox"/> Member of the Management | | | |
| | <input type="checkbox"/> Member of the Supervisory Board/ Board of Director | | | |
| | Specify Position with Name of Employee | | | |
| 18) Is the Customer High Risk Ranking Officials in International Organization (E.g United Nation, World Bank , European Union etc) | <input type="radio"/> Yes | <input type="radio"/> No | If Yes , Then Tick anyone of the following | |
| | <input type="checkbox"/> Head of Large International Organization | <input type="checkbox"/> Board of Director | | |
| | <input type="checkbox"/> Management team member of the International Organization | | | |
| | Specify Position with Name of Employer | | | |
| 19) Is the Customer Member of Ruling Families ? | <input type="radio"/> Yes | <input type="radio"/> No | If Yes , Then Tick anyone of the following | |
| | Specify Position | | | |
| 20) Is the Customer Immediate Family Member/ Close associate (*) to any of the above Classification ? | <input type="radio"/> Yes | <input type="radio"/> No | If Yes Then Fill the Following | |
| | Relevant section No./ Classification to be Mentioned | | | |
| | Name of the immediate family member/Close associate | | | |
| | Relationship with immediate family member/Close associate | | | |
| | * PEP includes immediate family member or known close associate of an individual who entrusted with prominent public function - (Heads of State or of government, senior politicians, senior government, judicial or military officials, and senior executives of state owned corporations/ department/autonomous bodies). | | | |
| 21) PEP Identified | <input type="radio"/> Yes | <input type="radio"/> No | | |
| | If Yes , Then fill the fields # 22 and Onwards | | | |
| Note: Based on the above assessments, if the individual falls in the category of PEP, then the Title of Account (Individual / Entity / Partner / Trust / Company) will automatically be categorized as PEP. | | | | |
| 22) What is the Source of wealth of Customer (PEP) | | | | |
| 23) What is the percentage of share holding of customer (PEP) in Corporation/ Enterprises? | | | | |

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| 24)What is the period and country of the customer (PEP) where he held senior position? | |
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Declaration: It is hereby affirmed that the above information has taken from customer during interview or any other source.

| Prepared by | | Reviewed & Approved by (Not Less than BM) | |
|-------------|--|---|--|
| Name | | Name | |
| Date | | Date | |
| Signature | | Signature | |

Note: Interview should be conducted for all type of accounts as per Annexure -I of AML/CFT Guidelines.
 Hard copy of this PEP identification form (duly filled & signed) should invariably be retained at the Branch along with KYC/ CDD Form & Account Opening Form for Audit Trail purpose.
*** If customer is identified as PEP or Linked to a PEP, an approval will be required from Compliance Group.**

Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions either domestically/foreign country/ international organization. For example; Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations/ department/autonomous bodies, includes immediate family member or known close associate of an individual who entrusted with prominent public function.