

TRADE-BASED CUSTOMER RISK PROFILE

Branch _____

A. Account Information

| | | |
|----|--|---|
| 1 | Company Name | |
| 2 | Legal Entity Type | <input type="checkbox"/> Propertiorship <input type="checkbox"/> Partnership <input type="checkbox"/> LTD <input type="checkbox"/> PVT LTD |
| 3 | Complete Postal Address | |
| 4 | Account Number | |
| 5 | Telephone Number | |
| 6 | Manufacturing /Factory Location | |
| 7 | E-mail Address | |
| 8 | Nature of Business | |
| 9 | Major Business | <input type="checkbox"/> Export <input type="checkbox"/> Import Local Trade → <input type="checkbox"/> Sales <input type="checkbox"/> Purchases |
| 10 | Annual Trade Volulme | Export _____ Import _____ Local Trade _____ |
| 11 | Years in Business | Export _____ Import _____ Local Trade _____ |
| 12 | Conduct of Customer Personal PKR/FCY Account | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Un-Satisfactory |
| 13 | Membership of any Trade Body or Association | |
| 14 | If any of its Proprietor / Partner / Director, falls in PEP Category | <input type="checkbox"/> Yes (provide details) <input type="checkbox"/> No Details: _____ |
| 15 | Persons authorized to sign on behalf of customers | 1.Name: _____ CNIC# _____ 2.Name: _____ CNIC# _____ |

B. Business Information**16 Details of Beneficial Owner if, other than the Customer or person authorize to sign on behalf of customer**

| Name | % of Shareholding |
|------|-------------------|
| | |
| | |

17 Methods & Terms of Payment

| |
|--|
| <input type="checkbox"/> Advance Payment - Import <input type="checkbox"/> Advance Payment - Export <input type="checkbox"/> Open Account <input type="checkbox"/> Documentary Collection - DP |
| <input type="checkbox"/> Documentary Collection - DA <input type="checkbox"/> Documentary Credit - LC Sight <input type="checkbox"/> Documentary Credit - LC Usance <input type="checkbox"/> Other |

18 Does customer have related party, agencies, branches, parent company or subsidiaries in other countries? ☐ Yes ☐ No
If yes provide details

| Name & Address | Relation | Country |
|----------------|----------|---------|
| | | |
| | | |

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19 Name of Shipping Co., / Freight Forwarder/ Insurance Companies / Inspection Companies to deal with

| Name | Address | Entity | |
|------|---------|-------------------------|---------------------|
| | | _____ Shipping Co | _____ Insurance Co |
| | | _____ Freight Forwarder | _____ Inspection Co |
| | | _____ Shipping Co | _____ Insurance Co |
| | | _____ Freight Forwarder | _____ Inspection Co |
| | | _____ Shipping Co | _____ Insurance Co |
| | | _____ Freight Forwarder | _____ Inspection Co |
| | | _____ Shipping Co | _____ Insurance Co |
| | | _____ Freight Forwarder | _____ Inspection Co |

20 Name of Products /Services to Deal in

| S# | Description of Goods / Services | Average Unit Price | HS Code | Origin of Goods |
|----|---------------------------------|--------------------|---------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

21 Names of Foreign /Local Counter Parties

| S# | Names | Address | Country |
|----|-------|---------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

22 Expected Modes Of Transportation

☐ By Sea ☐ By Air ☐ By Road ☐ By Rail

23 Expected Ports of Loading/discharge

| S# | Port Of Loading | Country | Port Of Discharge | Country |
|----|-----------------|---------|-------------------|---------|
| | | | | |
| | | | | |
| | | | | |

Signature _____

Signature _____

Name _____

Name _____

Trade Officer

Trade Incharge/BM

Date: _____