|  |  |
| --- | --- |
| **App-5** |  |
|  |
| **Application for registration as an intermediary and its renewal** |
|  |
| ***[Pursuant to Section 455 of the Companies Act, 2017 read with Regulations 30, 125 & 127 of the Companies Regulations, 2024]*** |

**PART-I**

**(This part is to be filled by individual applicant for new registration)**

*(Please complete in typescript or in bold block capitals)*

|  |  |  |
| --- | --- | --- |
| 1.1 | Name |  |

|  |  |  |
| --- | --- | --- |
| 1.2 | CNIC/Passport Number (Attach Copy) |  |

|  |  |  |
| --- | --- | --- |
| 1.3 | National Tax Number |  |

|  |  |  |
| --- | --- | --- |
| 1.4 | Contact Details:   * + 1. Official Address     2. Residential address     3. Land line number     4. Cell number   1.4.5 Email |  |

|  |  |  |
| --- | --- | --- |
| 1.5 | Academic qualification |  |

|  |  |  |
| --- | --- | --- |
| 1.6 | Professional qualification |  |

|  |  |  |
| --- | --- | --- |
| 1.7 | Period of employment/experience in handling corporate matters, if any |  |

|  |  |  |
| --- | --- | --- |
| 1.8 | Number of corporate matters handled during the last six months, if any:   * + 1. Handled independently   1.8.2 Under Supervision [insert name of supervisor] |  |

**PART-II**

**(This part is to be filled by firm/limited liability partnership/company for new registration)**

|  |  |  |
| --- | --- | --- |
| 2.1 | Name of Firm/Company/Limited liability partnership |  |

|  |  |  |
| --- | --- | --- |
| 2.2 | Registration No./CUIN/LLPIN |  |

|  |  |  |
| --- | --- | --- |
| 2.3 | National Tax Number. |  |

|  |  |  |
| --- | --- | --- |
| 2.4 | Address of main and branch offices (if any) |  |

|  |  |  |
| --- | --- | --- |
| 2.5 | Details of informational technology infrastructure available at the office, where applicable. |  |

|  |  |  |
| --- | --- | --- |
| 2.6 | Details of Directors or Partners (in case of Firm/ Limited liability partnership):   * + 1. Name   2.6.2 CNIC/NICOP/Passport Number (Attach Copy)   * + 1. Postal address     2. Land line number     3. Cell number     4. Email     5. Academic qualification     6. Professional qualification   2.6.9 Period of employment/experience in handling corporate matters, if any |  |

|  |  |  |
| --- | --- | --- |
| 2.7 | No. of employees working in the firm/company/limited liability partnership who would provide services on their behalf. |  |

**PART-III**

**(This part is to be filled for renewal of registration as an intermediary)**

|  |  |  |
| --- | --- | --- |
| 3.1 | Name of Individual/ Firm/ Company/Limited liability partnership |  |

|  |  |  |
| --- | --- | --- |
| 3.2 | Date of registration as an intermediary |  |

|  |  |  |
| --- | --- | --- |
| 3.3 | Intermediary Registration No. |  |

|  |  |  |
| --- | --- | --- |
| 3.4 | Date of Expiry |  |

|  |  |  |
| --- | --- | --- |
| 3.5 | Details of employees, where applicable, to whom it has delegated its functions covering the following:   * + 1. Qualification     2. Experience of handling corporate matters, preparation and filing of statutory returns |  |

**PART-IV**

|  |  |
| --- | --- |
| 4.1 | **Declaration**:  I do hereby solemnly and sincerely declare that the information provided in the form is:  (i) true and correct to the best of my knowledge, in consonance with the record as maintained by the Company and nothing has been concealed; and  (ii) hereby reported after complying with and fulfilling all requirements under the relevant provisions of law, rules, regulations, directives, circulars and notifications whichever is applicable. |

|  |  |  |  |
| --- | --- | --- | --- |
| 4.2 | Name of applicant / authorized person |  |  |

|  |  |  |
| --- | --- | --- |
| 4.3 | Signatures |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Day | |  | Month | |  | Year | | | |
| 4.4. | Date |  |  |  |  |  |  |  |  |  |  |

**Enclosures:**

1. Copy of Registration certificate, in case of Firm/LLP/Company
2. Certified copies of educational certificates, valid certificate of practice for ICAP, ICMAP members, professional membership for CMA, ACCA and CPA members, foreign accountancy organization and Bar Council license.
3. Detailed resume of the firm/ limited liability partnership/company highlighting experience of each partner/management of company in handling corporate affairs.
4. Details (name and CNIC number) of employees working in the firm/company/limited liability partnership who would provide services on their behalf along with affidavits stating that they are compliant with the criteria specified in the Regulations.
5. Details of informational technology infrastructure available at the office, where applicable
6. Affidavit regarding fitness and propriety of each partners of Firm or Limited liability partnership/directors of Company /individual (as the case maybe) as per Appendix to this application.
7. Affidavits from employees, where applicable, to whom it has delegated its functions, stating that he is compliant with the criteria specified in the Regulations.
8. Affidavit under regulation 31(1)(f) duly signed by the person who signed this application, verifying that the contents of the application and attached documents are true and correct, attested by an Oath Commissioner (scanned image in case of online filing)
9. Original challan or other evidence of payment of fee specified in Seventh Schedule of the Act (not applicable in case of online filing)

**Appendix to App-5**

**AFFIDAVIT**

**Before the Securities and Exchange Commission of Pakistan**

I, (name of individual/partner of firm or limited liability partnership/director of the company), resident of \_\_\_\_\_\_\_\_\_\_\_\_\_ and holding CNIC/Passport No\_\_\_\_\_\_\_, do hereby state on solemn affirmation as under that I:-

* + - 1. am eligible to act as a registered intermediary according to the criteria specified in the Regulations.
      2. hereby confirm that the contents of the application and the documents submitted to the Commission for registration as an intermediary under Section 455 of the Act are true and correct to the best of our knowledge and belief and nothing has been concealed therein;
      3. have no objection if the Commission requests or obtains information about me from any third party;
      4. undertake to bring to the attention of the Commission any matter which may potentially affect my status as a registered intermediary according to the criteria specified in the Regulations;
      5. undertake to provide an authority letter in my favor from the company, promoters of the company or foreign company, as the case may be, on whose behalf I am submitting the documents, as and when demanded by the Commission.

**DEPONENT**

The Deponent is identified by me

**Signature\_\_\_\_\_\_\_\_\_**

**ADVOCATE (Name and Seal)**

Solemnly affirmed before me on this day of at

by the above named Deponent who is identified to me by , Advocate.

**Signature \_**

**OATH COMMISSIONER FOR TAKING AFFIDAVIT**

**(Name and Seal)**