

4. Details of Equity Position:

S. No.	Name of scrip	Symbol	Quantity	Rate	Amount of claim
i.					
ii.					
iii.					
iv.					
v.					
vi.					
vii.					
viii.					
	Sub-total				
	Ledger balance / Cash balance				
	Total claim				

(Please attach separate sheet duly signed by account holder(s), if required)

5. Actions taken, if any:

Have you filed complaint with the brokerage house/ TREC holder?

Yes No

Have you contacted any other Regulator/ SECP?

Yes No

Have you taken any legal action?

Yes No

Is this matter in any Court?

Yes No

(In case of 'Yes' to any of the above, please provide copies of correspondences or any other supporting documentary evidences)

6. Declaration and Undertaking:

I/ we, being the claimant(s)/ account holder(s) of the above-mentioned TREC holder/ Broker, hereby confirms that all the information contained in this form is true and correct to the best of my/ our knowledge and belief as on the date of making this claim and nothing has been concealed or misstated.

_____ Date

_____ Signature of Investor/ claimant

_____ Signature of joint account holder
(if any)

Note:

- Claims/ dispute arising due to non stock exchange transaction(s), personal dealings or the transactions which are otherwise illegal, will not be admitted.
 - Incomplete/ unsigned/ illegible forms will not be admitted.
 - Complaints not accompanied with the required supporting documents will not be accepted and processed.
 - Following documents are required to be submitted, in order to substantiate your claim;
 - Copy of NIC
 - Copy of Account Opening Form
 - Trade Confirmation Sheets
 - Purchase/Sale Bills
 - Share Deposit Receipts
 - Receipts and Payment evidences
 - Account Ledger Statements
 - CDC Reports and Statements
 - Copies of cheques to Broker
 - Bank Statements
 - Equity Statements
 - Any other documentary evidence
- (In case you are unable to provide any of these documents, please provide the valid reason(s) for not submitting the same).

FOR OFFICE USE ONLY:

List of attached documents

- | | | | | | | | |
|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|
| a. | <input type="checkbox"/> | b. | <input type="checkbox"/> | c. | <input type="checkbox"/> | d. | <input type="checkbox"/> |
| e. | <input type="checkbox"/> | f. | <input type="checkbox"/> | g. | <input type="checkbox"/> | h. | <input type="checkbox"/> |
| i. | <input type="checkbox"/> | j. | <input type="checkbox"/> | k. | <input type="checkbox"/> | l. | <input type="checkbox"/> |