

FORM III

[See rule 17(1)(e)]

AFFIDAVIT

Affidavit of _____ daughter/son/wife of _____
resident of _____ and holding
CNIC/Passport No. _____

I the above named deponent, do hereby state on oath/solemnly affirm as under:-

1. ⁷ That I am the _____ of _____, and I am well conversant with the facts deposed below.
2. ⁸ _____ is not in default of any regulatory requirement.
3. ⁹ _____ has not been convicted of a fraud under any law, any offence under the laws administered by the Commission or any other offence involving moral turpitude. ¹⁰ [None of the partners, directors and significant shareholders of _____, as the case may be, has been convicted of a fraud under any law, an offence under the laws administered by the Commission or any other offence involving moral turpitude.
4. No adverse findings of mismanagement or misappropriation have been given against _____ ¹¹ [or any of its partners, directors or significant shareholders] in any inquiry or investigation ordered by the Commission.
5. ¹² _____ is not undergoing any proceedings with respect to insolvency nor are any such proceedings threatened.

⁷ Where applicant is a body corporate or a firm
⁸ Name of the applicant
⁹ Name of the applicant
¹⁰ Where applicant is a body corporate or a firm
¹¹ Where applicant is a body corporate or a firm
¹² Name of the applicant

6. The statements made and the information given along with the application under rule 16 of the Securities (Leveraged Markets and Pledging) Rules, 2011 is correct and that there are no facts which have been concealed.
7. That I have no objection if ¹³ _____ requests or obtains information about me from any third party.
8. That all the documents provided to ¹⁴ _____ are true and complete copies of the originals.

DEPONENT

The Deponent is identified by me

Signature _____

ADVOCATE

(Name)

Solemnly affirmed before me on this _____ day of _____ at _____ by the Deponent above named who is identified to me by _____, Advocate.

Signature _____

OATH COMMISSIONER FOR TAKING AFFIDAVIT

(Name and Seal)

¹³ Name of the authorized intermediary

¹⁴ Name of the authorized intermediary