



**CLIENT ACCOUNT OPENING FORM**

Date :   /   /

MSM Folio Number : .....

**1. Client Information**

Account Type :  Individual  Company  Funds  Others

Investor / Company Name :

Date of Birth / Incorporation :

Nationality :

Gender :  Male  Female

I.D / C.R. No. :

Driving License No. :

Passport No. :

Place of Issue :

Date of Issue :   /   /

Date of Expiry :   /   /

Occupation :  Employed  Self Employed

Name of Employer :

Designation :

Address :

P. O. Box : Postal Code : City : Country :

Tel. (Res.) : Tel. (Off.) : Cell :

Fax : E-mail :

**In case of Minors :**

Name of Trustee : Trustee Folio No. :

Address :

P. O. Box : Postal Code : City : Country :

Tel. (Res.) : Tel. (Off.) : Cell :

Fax : E-mail :

**In case of Power of Attorney or Authorization :**

Name of authorized person :

Address :

P. O. Box : Postal Code : City : Country :

Tel. (Res.) : Tel. (Off.) : Cell :

Fax : E-mail :

## 2. Settlement Account Details

Client's Bank :	Account Number :
Branch :	Country :

## 3. Declaration

I / We the undersigned hereby request opening of an account(s) with Horizons Capital Markets S.O.A.C, and acknowledge that:

- a) The information contained herein is true and accurate and undertake to notify the Company in writing in case of any changes.
- b) All attached documents are legal, accurate and true.
- c) I / We hereby undertake to abide by Capital Market Authority (CMA) and Muscat Securities Market (MSM) rules and regulations and authorize Horizons Capital Markets SAOC to execute orders on my / our behalf as and when I / We place such orders.
- d) I / We have never been or have declared ourselves bankrupt.
- e) I / We hereby provide Horizons Capital Markets SAOC the right to carry out any procedures or arrangements, which are deemed to be appropriate as per CMA and MSM rules and regulations, including selling of my / our shares in my our account if I / We fail to settle my / our financial obligations to Horizons Capital Markets SAOC.
- f) I / We undertake to pay all commissions, fees, penalties due to Horizons Capital Markets SAOC.
- g) I / We hereby authorize Horizons Capital Markets SAOC to record and archive any verbal or telephone orders, or any discussion in respect of buying or selling any traded securities.
- h) By my / our signature, I / We certify that I / We have read and understood the terms and conditions mentioned above and in witness there to I / We have signed the same.

This acknowledgment is irrevocable and undisputable by me / us or any other party.

Clients Name :

**Clients`s Specimen Signature :**

**Clients`s Specimen Signature :**

## 4. Required Documents :

### For Companies :

1. Copy of the C.R.
2. Copy of Passport / ID for the Authorized Persons.
3. List of authorized signatories and their specimen signature.
4. All papers must be authenticated.

### For Individuals :

1. Copy of the I.D. or Passport.
2. Copy of a valid Power of Attorney duly endorsed by competent legal authorities is case if the account is operated by another person, copy of ID of authorized person.
3. **In case of a minor :** Copy of the birth certificate, Copy of ID / Passport of the natural guardian.