



NAYMAT COLLATERAL MANAGEMENT COMPANY LIMITED

Office 214, 2nd Floor, Progressive Plaza, Beaumont Road, Karachi, Pakistan

Application Form

To be filled by (Warehouse Operator)

To,

Naymat Collateral Management Company Limited,
Karachi, Pakistan

I/We would like to open an account (obtain registration) with you. In this regard I/We hereby confirm that I/We shall abide by your applicable laws, rules, regulations, CMC Regulations and Standard Operating Procedures at all times. My/Our particulars are given below:

Warehouse Operator

Storage Facility Information

1.	Name of Storage Facility	
2.	Address	
3.	Phone #	
4.	Mobile #	
5.	Borrower's Code	
6.	Type of Storage Facility (Silo/Godown/Cold Storage)	
7.	Number of storage unit(s) [sheds/silos]	
8.	Individual capacity per unit (metric tons)	
8.1	Total capacity (metric tons)	
8.2	Number of storage facilities for which accreditation is applied along with reference No. (i.e silo No. or Shed No.)	
9.	Which produce are you seeking accreditation for?	
10.	Total Capacity of storage facilities for which accreditation is Applied.	
11.	Dimensions of the godown(s)/storage unit(s) (feet)	
12.	Plinth height of the godown(s)/storage unit(s) (feet)	
13.	Whether the storage facility is owned/leased (attach documentary proof)	
14.	If leased, state duration of lease (attach lease document)	
15.	Name of jurisdictional police station and its distance from the storage facility	
16.	Name of the nearest fire station and its distance from the storage facility	
17.	Number of entry and exit points of the storage facility	
18.	Whether the storage facility is bound by a compound wall with barbed wire fencing	
19.	Details of the security arrangements. Please provide details of number of security guards deployed	
20.	Details of fire safety arrangements (number and type of fire extinguishers, fire buckets, water arrangements, fire safety alarms and any other measures) (attach a list)	
21.	Weighing scales present in the storage facility (attach a list)	
22.	Is a weighbridge available in the storage facility? If so, please state its capacity, calibration, make, date of installation and due date of calibration	
23.	If a weighbridge is not available in the storage facility, please state name of the owner & address of the nearby weighbridge to be used for weighing. State its capacity, calibration, make/model, date of calibration and distance from the storage facility	

24.	Details of Insurance Policies covering the warehouse applied. Please attach photocopies of the insurance policies.	
25.	Please attach one set of Standard Operating Procedures implemented in the warehouse	
26.	Past Regulatory Actions (Please provide details of any action/proceeding initiated by the SECP/PSX/PMEX or any authority against you during the last three years	

Contract Personnel Details

The following personnel will be allowed to operate the EWR System:

1		
a.	Name	
b.	Designation	
c.	Qualification/Relevant Experience	
d.	CNIC #	
e.	Mobile #	
f.	Email Address	

2		
a.	Name	
b.	Designation	
c.	Qualification/Relevant Experience	
d.	CNIC #	
e.	Mobile #	
f.	Email Address	

Declaration

- 1 I/we hereby confirm that all the information furnished above is true and correct to the best of my knowledge and belief and
- 2 I/We declare to be authorized representatives of the organization to apply for accreditation of the Warehouse.
- 3 I/We are not in receivership, court appointed managership or winding up or under any equivalent form of administration.
- 4 I/We hereby solemnly declare that the warehouse specified above is suitable for carrying on the business of warehousing
- 5 I/We agree to abide by the terms and conditions of the accreditation.
- 6 I/We hereby solemnly declare to extend all cooperation to NCMCL or to an external person engaged by NCMCL to conduct

SIGNATURE

Name	Signature

Dated _____