



S.No. _____

Date: _____

Principal Account Holder's Information

Name (Mr. Ms. Mrs.) _____

Father/Husband Name _____

CNIC/NICOP/Passport No. [][][][][][]-[][][][][][] Date of Expiry [][][]-[][][]-[][][][][][]

Gender M F Date of Birth [d][d]-[m][m]-[y][y][y][y] Country of Birth _____

Religion _____ Zakat Deduction Yes No (In case of No, please submit zakat affidavit)

NTN # [][][][][][][]-[][] Tax Status Filer Non-Filer

Occupation Govt. Service Pvt. Service Business/Self employed Housewife Retired Other _____

Nationality _____ Do you have other nationalities (if yes please disclose all Nationalities) Other Nationality _____

Country of residence _____ Do you have permanent Resident card (Green Card)? Yes No

Mailing Address _____

City _____ Country _____ Postal Code _____

Resident Phone # _____ Office Phone # _____ Mobile# _____

Guardian Name _____ Relation _____ CNIC # [][][][][][]-[][][][][][]-[][][][][][]

In case of applicant is minor, kindly provide FATCA related information of guardian in the specified form.

Joint Account Holder's Information

Name Joint Holder 1 (Mr. Ms. Mrs.) _____

CNIC/NICOP/Passport No. [][][][][][]-[][][][][][]

Share in Joint Holding % _____

Specimen Signature

Name Joint Holder 2 (Mr. Ms. Mrs.) _____

CNIC/NICOP/Passport No. [][][][][][]-[][][][][][]

Share in Joint Holding % _____

Specimen Signature

Name Joint Holder 3 (Mr. Ms. Mrs.) _____

CNIC/NICOP/Passport No. [][][][][][]-[][][][][][]

Share in Joint Holding % _____

Specimen Signature

Operating Instruction

Principal Account Holder Only Jointly by any Two Either or Survivor Jointly by all Other _____

Nominee Information

Name (Mr. Ms. Mrs.) _____ Relation with principal account holder _____

CNIC/NICOP/Passport No. [][][][][][]-[][][][][][] Share % _____

Name (Mr. Ms. Mrs.) _____ Relation with principal account holder _____

CNIC/NICOP/Passport No. [][][][][][]-[][][][][][] Share % _____



Bank Account Detail of Principal Unit Holder

Account Title _____ Account No _____
 Bank Name _____ Bank Address _____ Branch Code _____

Units Mode of Holding

- Account Statement** Account Statement of units will be issued in registered, uncertified form and will be confirmed by means of an account statement issued by the registrar.
- Unit Certificates** Certificate(s) will be issued only if requested, on payment of Rs. 100/- per certificate. Payment of certificates may be combined with the payment of unit(s). Unless indicated by the applicant, minimum number of certificates will be issued. Unit Certificate(s) (if requested) and account statement will be dispatched at the registered address within 21 days of realization of funds.

Dividend Declaration

I/We wish to receive distributions (if any) as follows.

- Profit distribution in the form of cheque / Pay Order / Demand Draft
- Profit distribution to be transferred in Bank Account
- Profit distribution reinvested in Fund Note : If no box is checked, all distribution will be reinvested in Fund (s)

Instruction for Delivery of Account Information

- Daily NAV Email SMS Both
- Account Statement Email Post Do not send
- Frequency Semi Annually Quarterly Monthly * More Frequent at additional charges

Please give the following information to send the details.

Email _____ Email _____

Know Your Customer (KYC)

Please provide the following details as required by the client identification program laid down by the Anti-Money Laundering Laws & circular 12 of 2006 issued by the Securities & Exchange Commission of Pakistan (SECP).

- Education Under-Graduate Graduate Post-Graduate Professional Other _____
- Marital Status Single Married Widow Divorced Other _____
- No. of Dependent _____ Religion _____ Approx Annual Income PKR _____
- Profession Student Housewife Professional Other _____
- Source of Funds Salary Home Remittance Inheritance Investment Family business Other _____
- Public Figure Yes No (Includes Politicians, senior Govt, officers, Senior Office Bearers of Public Sector entities, Senior Military Officials and family members)

Name of ultimate beneficiary of investment _____ CNIC/NICOP/Passport No.

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Note : If ultimate beneficiary is other than Principal unit holder, please mention beneficiary name, CNIC # and attach separate sheet with other details mentioned above.

Declaration

I the undersigned, hereby declare that the above mentioned information is correct, complete and up-to-date to the best of my knowledge and belief and I shall immediately update the management company if there is any change in such information. I hereby assure to Management Company that the proceeds invested in the Fund(s) are not derived from money laundering or illegal activities and source(s) of funds declared in this form is true and correct to the best of my knowledge and belief.

I have carefully read, understood and agree to abide by all the rules, regulations, terms, and conditions given in this form. The details provided by me are true, correct and complete to the best of my knowledge and belief, and the document submitted along with this application form are genuine. I hereby undertake to promptly inform the company of any changes to the information provided in this form. I certify that I have the power and authority to establish this account

Signature (Principal Account Holder)



FOREIGN ACCOUNT COMPLIANCE ACT(FATCA) CHECKLIST

Section A. Customer Type (please indicate as applicable)

- Individual / Sole Proprietor Please use Applicant 1 Column to provide your responses.
- Minor In case of Account of Minor, please use Applicant 1 Column for Minor and Applicant 2 Column for Guardian Please use separate column for each joint account applicant, use additional checklist if more than 2 applicant(s)
- Joint

Section B. US Status Information

Applicant 1

Applicant 2

Name of Applicant _____

1. Are you a US Citizen, a US Green Card Holder or a US Resident? Yes No Yes No

If (Yes) Provide Form W-9 and proceed to declaration & Signature(s) If (No) Proceed to Next Question

2. Were you born in the US? Yes No Yes No

If (Yes) Provide Form W-9 and proceed to declaration & Signature(s) If (Yes) But you claim being a non-US person
 (i) Certificate/Written Explanation of Revocation of US Nationality
 (ii) A non-US passport
 (iii) Signed Form W-8BEN
 If (No) Proceed to Next Question

3. Do you have a US address or telephone Number? Yes No Yes No

4. Are you assigning a signatory authority/mandate to a person with a US address? Yes No Yes No

5. Are you aware of any other information that may indicate US links? Yes No Yes No

Including US source of funds/income, US nationality, residence status of authorized signatory/mandate holder, expected remittances to/from US etc.

For Questions 3, 4 and 5 above:
 If (Yes) and you accept being a US person: Provide Form W-9 and proceed to declaration & Signature(s)
 If (Yes) and you claim being a non-US person Provide an ID Document (CNIC/SNIC/NICOP) showing you permanent address (which should not be a US address), OR Provide Form W-8BEN & proceed to declaration & Signature(s)
 If (No): No FATCA documentation required, proceed to declaration & Signature(s)

* A person may be a U.S resident if the person was present for the period of 183 days or more during the current and last two preceding years. For further details, please refer to Tactful Questioning guidelines under the FATCA policy & procedure manual.

 Principal Applicant's Signature

Document Required (Mandatory)

- Copy of Valid CNIC/NICOP/Passport
- Copy of Nominee(s) Valid CNIC/NICOP/Passport
- Zakat Affidavit (In case of Zakat exemption)
- Business Proof (Business Card)
- Employment Proof (Employer Certificate/ Employment Card Copy/Salary Slip Copy)
- W-9 Form (U.S. Citizen)
- W-8BEN Form (Non U.S. Citizen)



Questions for Client Profiling

Nonresident clients	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NGO/NPOs/Trusts/Charities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High Net worth Client with no source of income	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Politically exposed/affiliated persons	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Customer Risk Profile	<input type="text"/>	

Investment Facilitator/Distributor Details (For Office Use Only)

S.No. _____	Date: _____ Form received
Title of Investor Account <input type="text"/>	Distributor's Name <input type="text"/>
Investor Account No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Authorized Person's Name <input type="text"/>	FEL Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No
	Signature and Stamp _____

Registrar

S.No. _____	Date: _____ Form received
Title of Investor Account <input type="text"/>	Form Verified By <input type="text"/>
Investor Account No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Data Input By <input type="text"/>
	Data Verified By <input type="text"/>