



S.No. _____

Date: _____

Entity Name			
Registration Number		NTN Number	

Know Your Customer (KYC)

Nature of Business			
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Does your institution receive any kind of donation Yes No

Group Companies (If any)			
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CEO/MD/Principal Trustee Information

Name		CNIC/Passport No.	
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Director(s)/Partner(s)/Trustee(s)/Member(s) of Governing body/Member(s) of Executive Committee

Name		CNIC/Passport No.	
Name		CNIC/Passport No.	
Name		CNIC/Passport No.	
Name		CNIC/Passport No.	
Name		CNIC/Passport No.	
Name		CNIC/Passport No.	

Ultimate Beneficiary Detail

A) Details of all Natural Persons having 10% or more Shareholding in your company

Full Name	Father's Name	NIC/Passport No.	Nationality	Country of Origin	Email	Usual Residential Address	% of Share Holding

B) Details of all Natural Persons having significant influence in your company or exercising some sort of executive/or similar role/authority

Name	CNIC/Passport No.

C) Details of all Legal Persons having 10% or more Shareholding in your company

Name	Nature of Business	% of Shareholding



D) Details of all Neutral Persons having 10% or more Shareholding in legal persons mentioned in (C)

Full Name	Father's Name	NIC/Passport No.	Nationality	Country of Origin	Email	Usual Residential Address	% of Share Holding

e) Please provide details of any beneficial owner not disclosed in any of the previous sections.

Name Of Beneficial Owner	CNIC/NICOP/Passport No.	Details of Beneficial Ownership

Declaration

- I/We, the undersigned hereby declare that the above mentioned information provided by me is correct, complete and up-to-date to the best of my/our knowledge and believe and I/We shall immediately update the Management Company if there is any change in such information. I/We hereby assure to the Management Company that the proceed invested in the Fund(s) are not derived from Money Laundering or Illegal Activities and the sources(s) of funds declared in this Form is true and correct to the best of my/our Knowledge and believe and the documents submitted along with this Account Opening Form are complete and valid in all respects:
- I/We also confirm having read and understood the Trust Deeds, Offering Documents, Supplemental Trust Deeds, and Supplemental Offering Document that govern the transactions and further acknowledge understanding of the risk involved in Mutual Funds.
- I/We, on behalf of the Entity, understand that the information provided above is being submitted to enable AWT Investments Limited (formerly PIML), it's branches, affiliates, and/or subsidiaries (collectively "the Company") to comply with its obligations under FATCA and hereby confirm the information provided above is true, accurate and complete. I/We hereby consent for the Company to share Entity's required information with regulators or tax authorities, including relevant authorities as required under FATCA, where necessary/applicable to establish entity's tax liability in such jurisdiction(s) where required by regulators or tax authorities (except where specified against Question 2, Section D above). I/We consent and agree that, if applicable, the Company may withhold from the account of the Entity such amounts as may be required according to applicable laws, regulations and directives. I/We also agree and undertake to notify the Company within 30 Calendar days if there is a change in any information of the Entity, where has been provided to the Company.

 Authorized Signatory & company stamp

 Authorized Signatory & company stamp

 Authorized Signatory & company stamp

Investment Faciliator Distributor Details (For Office Use Only)

Distributor/Faciliator Name	Code	Distributor's Stamp with Date and Time
Branch Name	City	
Date and Time Stamping	Form recieved by	Name and Signature
	Date Form and attachments verified by	Name and Signature
	Date input by	Name and Signature