

Investment Application Form

Please read the "Guidelines" overleaf before filling this form.

Date _____ Registration No _____

INVESTOR INFORMATION

Individual Investor(s) For Corporate/Institution/Trust/Other Non-Individual
 New Applicant Existing Account Holder

Account Title _____ CNIC / NICOP / NTN

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CDC Investor Account/Participant ID (if CDC units required) _____ CDC Sub Account No. _____

NAME OF FUND	TYPE OF UNITS		INVESTMENT AMOUNT		*FEL (% of NAV)
	TYPE A	TYPE B	IN (RS.)	IN WORDS	
1. Faysal Money Market Fund (FMMF)	<input type="checkbox"/>	Fixed <input type="checkbox"/> Flexible <input type="checkbox"/>			
2. Faysal Savings Growth Fund (FSGF)	<input type="checkbox"/>	Fixed <input type="checkbox"/> Flexible <input type="checkbox"/>			
3. Faysal Islamic Savings Growth Fund (FISGF)	<input type="checkbox"/>	Fixed <input type="checkbox"/> Flexible <input type="checkbox"/>			
4. Faysal Financial Sector Opportunity Fund (FFSOF)	<input type="checkbox"/>				
5. Faysal Islamic Asset Allocation Fund (FIAAF)	<input type="checkbox"/>				
6. Faysal Income & Growth Fund (FIGF)	<input type="checkbox"/>				
7. Faysal Asset Allocation Fund (FAAF)	<input type="checkbox"/>				
8. Faysal Stock Fund (FSF)	<input type="checkbox"/>				
9. Faysal MTS Fund (FMTSF)	<input type="checkbox"/>				
10. _____					

*Front End Load

MODE OF PAYMENT	INSTRUMENT NO	(DRAWN ON) BANK NAME	BRANCH NAME & CODE	AMOUNT IN RS.
<input type="checkbox"/> Cheque				
<input type="checkbox"/> Pay Order				
<input type="checkbox"/> Online Transfer				

FIXED PERIODIC PAYMENT OPTION (IF APPLICABLE)

I/We request to receive PKR _____ (for fixed Type B units only) at regular intervals.
 (The capital invested may deplete in case sufficient returns are not earned to cover the amount of relevant interval payment required by me/us.)
 (I/We authorize FAML to redeem my units to pay me/us income at regular intervals based on the above instructions.)

Payment Frequency: Monthly Quarterly
 Semi-Annual Annual

CERTIFICATE INSTRUCTION

Please issue Certificates (Certificate(s) will be issued only if requested (on payment of Rs 25/- per certificate which may be charged). Payment for certificate(s) may be combined with the payments for unit(s). Unless indicated by the applicant, minimum number of certificate(s) will be issued. Certificates shall not be issued for Type 'B' units.)

COOLING - OFF RIGHT FOR INDIVIDUAL UNIT HOLDERS

All Individual Investors have a right to obtain a refund of their first time investment (cooling-off right) in a Collective Investment Scheme (CIS) managed by Faysal Asset Management Limited (FAML). The Unit Holder may exercise cooling-off right within three (3) business days commencing from the date of issuance of initial Statement of Account (cooling-off period). The cooling-off right shall be exercised by the unit holder upon written request to the FAML within the time specified. The refund pursuant to the exercise of a cooling-off right shall be paid to the Unit Holder be an amount equal to NAV per unit applicable on the date the cooling-off right exercise which is payable within six (6) business days of receipt of written request from the Unit Holder. AMC shall refund the Front end load (Sales Load) paid by the unit holder, however contingent load (Back end load) will be payable by the unit holder where applicable, in accordance with the Direction No. 31 of 2016 issued by Securities and Exchange Commission of Pakistan.

DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(S)

I/We confirm having filled & signed this application form after having read and understood the relevant Trust Deed(s), Offering Document(s) and all Supplemental of the respective underlying Fund(s)/ Plan and further acknowledge the risk involved factor associated in mutual funds.

I/We have carefully read, understood and agree to abide by all the rules, regulations, terms and conditions applicable on the Fund(s) and Plan(s). The details provided by me / us are true, correct and complete to the best of my / our knowledge and belief, and the documents submitted along with this application are genuine. I / We hereby undertake to promptly inform the company of any changes to the information provided in this form.

I confirm that I have understood the details of Sales Load to be deducted including taxes & all investments in mutual fund are subject to market risk which could result in loss of principal investment.

Applicant's / Guardian's Signature _____

Joint Applicant(s) / Authorized Signature(s) 1. _____ 2. _____ 3. _____ 4. _____

Date: _____ (Rubber stamp required in case of Institutional Clients)

FOR OFFICE USE ONLY

Cross Cheque/Pay Order/Demand Draft Board Resolution Authorizing Investment List of Authorized Signatories Other Documents (please specify) _____

DISTRIBUTOR DETAILS (FOR OFFICE USE ONLY)

Facilitator Name & Code _____ Form Date _____

Distributor Name & Code _____ Facilitator / Distributor Signature _____

REGISTRAR DETAILS (FOR OFFICE USE ONLY)

Form Received By _____ Form Verified By _____

Name of Authorized Person _____ Form No _____ Authorized Signature _____

INVESTOR RECEIPT (TO BE FILLED BY DISTRIBUTOR / FACILITATOR)

Received from _____ Application form for the sale of units of _____
 with Cross Cheque/Pay Order/Demand Draft No. _____ dated _____ for Rs. _____ drawn on _____

Mode of Units Electronic A/c statement CDC Units Physical

Authorized Branch Stamp _____ Authorized Signatory _____ Received By _____

GUIDELINES FOR COMPLETING THE INVESTMENT APPLICATION FORM

Please complete the application form in BLOCK letters.

INVESTMENT DETAILS

1. We do not accept **CASH**
2. Payments in the form of cheques/draft/pay-order/telegraphic transfer should be made in favor of "CDC-Trustee".
3. If the cheque is returned unpaid the application will be rejected.
4. Offer price applicable will be the one announced for the business day (Monday to Friday excluding public holidays and the day when the banks are closed for business in Pakistan) the investment form is received by the FAML/Distributor before the cut off timings, if the form is received after business hours or on a day which is not a business day the offer price of next business day shall be applicable.
5. The Account Statement will be dispatched at the Registered Address of the Principal Account Holder within such number of days from the date of transaction as specified in the offering document of respective collective investment scheme, if confirmation is not received within the prescribed number of days, please contact Faysal Asset Management Limited.

CERTIFICATE INSTRUCTION

6. Unit certificates (if requested) and account statement will be dispatched at the registered address within 21 days of realization of funds.

OTHER INSTRUCTIONS

7. Minimum initial investment for Type A units is Rs. 5,000/- and subsequent investment is Rs. 1,000/- whereas for Type B units minimum investment is Rs.50,000/- and the subsequent investment is Rs. 5,000/- (if applicable)
8. Principal Account Holder and all Joint holder(s) must sign in the space meant for this purpose.
9. The account holder should either mark all empty spaces in the form "Void" or cross (X) them out.

KINDLY PROVIDE YOUR FORM WITHIN CUT-OFF TIMINGS : 9:00A.M TO 5:00 P.M AS PER BELOW PAYMENT INSTRUCTIONS:

Name of Funds	Payment Instrument in favour of	Front End Load
Faysal Money Market Fund (FMMF)	CDC Trustee - Faysal Money Market Fund	No Load
Faysal Savings Growth Fund (FSGF)	CDC Trustee - Faysal Savings Growth Fund	Up to 2% of NAV
Faysal Islamic Savings Growth Fund (FISGF)	CDC Trustee - Faysal Islamic Savings Growth Fund	Up to 2% of NAV
Faysal Financial Sector Opportunity Fund (FFSOF)	CDC Trustee - Faysal Financial Sector Opportunity Fund	Up to 2% of NAV
Faysal Islamic Asset Allocation Fund (FIAAF)	CDC Trustee - Faysal Islamic Asset Allocation Fund	Up to 3% of NAV
Faysal Income & Growth Fund (FIGF)	CDC Trustee - Faysal Income & Growth Fund	Up to 2% of NAV
Faysal Asset Allocation Fund (FAAF)	CDC Trustee - Faysal Asset Allocation Fund	Up to 3% of NAV
Faysal Stock Fund (FSF)	CDC Trustee - Faysal Stock Fund	Up to 3% of NAV
Faysal MTS Fund (FMTSF)	CDC Trustee - Faysal MTS Fund	Up to 2% of NAV

If you have any questions or need additional information, please contact below mention address or contact number.

Faysal Asset Management Limited

West Wing, 7th Floor, Faysal House, Sharah-e-Faisal, Karachi.

U 92 21 111 329 725 W www.faysalfunds.com E customerservices@faysalfunds.com

Risk Disclosure: All investment in mutual funds are subject to market risks. The NAV of units may go up or down based on the market conditions. Past performance is not necessarily indicative of future results. Please read the offering documents of respective schemes for understanding the investment policies and the risk involved.