

# Faysal Asset Management

## Account Opening Form

New  Changes / Amendments Registration No. \_\_\_\_\_ Date \_\_\_\_\_

### INVESTOR INFORMATION

For Individual Investors

Name (Mr./Mrs./Ms.) \_\_\_\_\_  
Father/Husband Name \_\_\_\_\_  
CNIC/Passport   
Gender  Male  Female  
Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_  
Country of stay \_\_\_\_\_  
Zakat Exemption  Yes (Please provide Zakat Affidavit)  No  
Occupation  Professional  Service (Public/Private)  
 Housewife  Retired  Business  Student  
 Agriculturist  Other  
Name of Guardian (for minor applicant) \_\_\_\_\_  
Relation with minor \_\_\_\_\_  
Date of birth (of minor applicant) \_\_\_\_\_

For Corporate/Institution/Trust/Other Non-Individual

Entity Name (Messers) \_\_\_\_\_  
NTN   
Incorporation/Registration No. \_\_\_\_\_  
Status / Category \_\_\_\_\_  
Commercial Bank \_\_\_\_\_ Pension Fund \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Provident Fund \_\_\_\_\_  
 Trust  DFI  NGO  NBF  
 Other \_\_\_\_\_  
Income Tax Status  Taxable  Exempt  
(Tax Exemption Certificate)

### Contact Person Details

Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
E-mail \_\_\_\_\_

### CONTACT DETAILS

Postal Address \_\_\_\_\_ Mobile No. \_\_\_\_\_  
Tel (Res) \_\_\_\_\_ Tel (Office) \_\_\_\_\_ Fax \_\_\_\_\_ E mail \_\_\_\_\_

For corporate  Institution  Trust  Non-Individual (Others)

	Partner/Director/Trustee/ Other Signatories 1	Partner/Director/Trustee/ Other Signatories 2	Partner/Director/Trustee/ Other Signatories 3	Partner/Director/Trustee/ Other Signatories 4
Name				
CNIC				
Registered Address				
Telephone No.				

### FOR EXECUTOR & ADMINISTRATOR / OFFICIALS FOR FEDERAL / PROVINCIAL / LOCAL GOVERNMENT ACCOUNTS

Name \_\_\_\_\_ CNIC

Signature \_\_\_\_\_

### JOINT APPLICANT DETAILS

#### Name of Joint Applicant

#### Specimen Signature

1. Mr./Mrs./Ms. \_\_\_\_\_ CNIC #  \_\_\_\_\_  
2. Mr./Mrs./Ms. \_\_\_\_\_ CNIC #  \_\_\_\_\_  
3. Mr./Mrs./Ms. \_\_\_\_\_ CNIC #  \_\_\_\_\_  
4. Mr./Mrs./Ms. \_\_\_\_\_ CNIC #  \_\_\_\_\_

### OPERATING INSTRUCTIONS

Principal Account Holder only  All Joint Holders  Either or Survivor  Other (Please specify) \_\_\_\_\_

### NOMINEE DETAILS

"The person to be nominated shall not be a person other than following relatives of the member, namely, a spouse, father, mother, brother, sister & son or daughter, including a step or adopted child." Section 80 (3) of Companies Ordinance, 1984.

1. Name of Nominee \_\_\_\_\_ Relation with Unit Holder \_\_\_\_\_  
Percentage of allocation \_\_\_\_\_ CNIC #   
Address \_\_\_\_\_  
2. Name of Nominee \_\_\_\_\_ Relation with Unit Holder \_\_\_\_\_  
Percentage of allocation \_\_\_\_\_ CNIC #   
Address \_\_\_\_\_

## BANK ACCOUNT DETAILS

Bank Account No. \_\_\_\_\_ Bank Name & Branch \_\_\_\_\_

Bank Account Title \_\_\_\_\_ Bank Telephone \_\_\_\_\_

Bank Address \_\_\_\_\_

## UNITS MODE OF HANDLING

Frequency of Account statement:

Semi Annually  Quarterly  Others \_\_\_\_\_

## DIVIDEND DISTRIBUTION OPTION

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

Profit distribution reinvested in Fund  Profit distribution in the form of cash

Note: If no box is checked, all distributions will be reinvested in the Fund(s).

## DISTRIBUTION DETAILS (for office use)

Facilitator Code \_\_\_\_\_ Distributor Name & Code \_\_\_\_\_

Investment Form No. \_\_\_\_\_ Investment Form Date \_\_\_\_\_

Facilitator/Distributor Signature \_\_\_\_\_

## REGISTRAR DETAILS (FOR REGISTRAR USE)

Registration No. \_\_\_\_\_ Form Received \_\_\_\_\_

Verified By \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Name of Authorized Person \_\_\_\_\_

## DOCUMENTATION CHECKLIST

### Individual

- Copy of CNIC/Passport
- Business/Employment Proof
- Source of Income
- KYC form
- Other documents
- Zakat Certificate (if applicable)

### Partnership Account

- Copy of Latest Financial of Partnership
- Copy of CNIC/Passport (All Partners)

### Joint Stock Companies

- Audited Financial Statement of the Company
- Memorandum & Articles of Association
- Board Resolution(s)
- Copies of CNIC/Passport (All Directors)

### Trust

- CNIC of all Trustees
- Certified copy of Trust Deed
- Copy of Latest Financial of the Trust
- Board Resolution(s)

### Club, Societies & Associations

- Certified Copy of Certificates of Registration
  - Certified Copy of Bye laws/Rules & Regulations
  - Board /Governing Body Resolution
  - Copy of Latest Financial of Society /Associations
- (Or any other document authorizing officers to operate the account)

### Executors & Administrators

- Copy of CNIC/Passport of Executor/Administrator
- Certified Copy of Letter of Administration

\* Any other document as required by FAML from time to time.

## DECLARATION

I/We have carefully read, understood and agree to abide by all the rules, regulations, terms and conditions given in this form, trust deed and offering document of respective schemes. 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.

Applicant's Signature \_\_\_\_\_

Joint Applicants /Authorized Signature(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Date: \_\_\_\_\_

\*Rubber stamp required in case of Institutional Clients

**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.