

## Account Opening Form

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

Date \_\_\_\_\_ Registration No \_\_\_\_\_

### INVESTOR INFORMATION

#### For Individual Investors

Name (Mr. / Ms. / Mrs.) \_\_\_\_\_

Father/Husband Name \_\_\_\_\_

CNIC/NICOP/Passport       -       -

CNIC/NICOP/Passport Expiry Date \_\_\_\_\_

Gender  Male  Female

Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Country of stay \_\_\_\_\_ Religion \_\_\_\_\_

Zakat Exemption  Yes (Please provide Zakat Affidavit)  No

Income Tax Status  Filer  Non - Filer

Occupation  Professional  Service (Public/Private)

Housewife  Retired  Business  Student

Agriculturist  Other

Name of Guardian (for minor applicant) \_\_\_\_\_

CNIC/NICOP/Passport       -       -

CNIC/NICOP/Passport Expiry Date \_\_\_\_\_

Relation with minor \_\_\_\_\_

Where did you hear about us?  Newspaper  Our Website  Social Media

#### For Corporate/Institution/Trust/Other Non-Individual

Entity Name (Messers) \_\_\_\_\_

NTN

Incorporation/Registration No. \_\_\_\_\_

Status / Category \_\_\_\_\_

Commercial Bank  Pension Fund  Gratuity Fund  DFI  Trust

Insurance Company  Provident Fund  Takaful Co.  NGO  NBF

Other \_\_\_\_\_

Income Tax Status  Taxable  Exempt  
(Tax Exemption Certificate)

#### Contact Person Details

Name \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Through our investors  Distributor  Other (Specify) \_\_\_\_\_

### CONTACT DETAILS

Postal Address \_\_\_\_\_ Mobile No. \_\_\_\_\_

Tel (Res) \_\_\_\_\_ Tel (Office) \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### VALUE ADDED SERVICES

Do you wish to receive Statement of Account? No  Yes  If Yes, please Select the nature of correspondence Post  Email

Frequency:  Monthly  Quarterly  Half Yearly  Annual E - Statement Access No  Yes  NAV SMS Subscription No  Yes

### BANK ACCOUNT DETAILS FOR REDEMPTION AND DIVIDEND PAYMENTS

Send Redemption cheque to:  Registered Mailing Address  Deposit to Bank Account (If this option is selected, please provide following details)

Bank Account Title: \_\_\_\_\_ Account No: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Branch Name: \_\_\_\_\_

	Partner/Director/Trustee/ Authorized Signatory 1	Partner/Director/Trustee/ Authorized Signatory 2	Partner/Director/Trustee/ Authorized Signatory 3	Partner/Director/Trustee/ Authorized Signatory 4
Name				
CNIC #	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature				

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

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

### JOINT APPLICANT DETAILS

#### Specimen Signature

1. Mr./Mrs./Ms. \_\_\_\_\_ CNIC #

2. Mr./Mrs./Ms. \_\_\_\_\_ CNIC #

3. Mr./Mrs./Ms. \_\_\_\_\_ CNIC #

### OPERATING INSTRUCTIONS

**For Corporate:**  All Joint Holders  Either or Survivor  Any 2 Joint Account Holders  Any 3 Joint Account Holders

**For Individuals:**  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 \_\_\_\_\_ CNIC #

Percentage of allocation \_\_\_\_\_ Contact # \_\_\_\_\_ Address \_\_\_\_\_

2. Name of Nominee \_\_\_\_\_ Relation with Unit Holder \_\_\_\_\_ CNIC #

Percentage of allocation \_\_\_\_\_ Contact # \_\_\_\_\_ Address \_\_\_\_\_

**DIVIDEND DISTRIBUTION OPTION**

Profit distribution net of tax reinvest in Fund       Profit distribution in the form of Cheque/Pay Order      **\*Note:** If no box is Ticked, all distributions will be reinvested in the Fund(s).

**DISTRIBUTOR DETAILS (FOR OFFICE USE ONLY)**

Facilitator Name & Code \_\_\_\_\_ Form Date \_\_\_\_\_

Distributor Name & Code \_\_\_\_\_ Facilitator / Distributor Signature \_\_\_\_\_

**REGISTRAR DETAILS (FOR OFFICE USE ONLY)**

Particulars Verified by (Name & Signature) \_\_\_\_\_ Form Received Date \_\_\_\_\_

Investment Form # \_\_\_\_\_ Name of Authorized Person \_\_\_\_\_ Authorized Signature \_\_\_\_\_

**RISK PROFILE FORM (MANDATORY)**

(Please fill the below form so we can provide you customized options for your Investment goals)

A	Age(in yrs)	B	Occupation	C	Investment objective
<input type="checkbox"/>	Above 60 years	1	<input type="checkbox"/> Retired	1	<input type="checkbox"/> Monthly Income
<input type="checkbox"/>	46 - 60 years	2	<input type="checkbox"/> Housewife/Student	2	<input type="checkbox"/> Cash Managment
<input type="checkbox"/>	30 - 35 years	3	<input type="checkbox"/> Salaried	3	<input type="checkbox"/> Capital Growth
<input type="checkbox"/>	Below 30 years	4	<input type="checkbox"/> Business/Self-employed	4	<input type="checkbox"/> Savings / Retirement
D	Source of Income/ Investment	E	Investment Tenure	F	Risk-Return Tolerance Level
<input type="checkbox"/>	Retirment pension or fund / Savings	1	<input type="checkbox"/> Less than 6 months	1	<input type="checkbox"/> Low Risk, Low Returns
<input type="checkbox"/>	House Wife / Student	2	<input type="checkbox"/> Less than 1 year	2	<input type="checkbox"/> Medium Risk, Medium Returns
<input type="checkbox"/>	Salary	3	<input type="checkbox"/> 1-3years	3	<input type="checkbox"/> High Risk,High Returns
<input type="checkbox"/>	Business	4	<input type="checkbox"/> More than 3 years	4	<input type="checkbox"/> Very High Risk, Agressive Returns

Now, please add scores to your choices and find your ideal investment fund based on your total score.

Question No.	A	B	C	D	E	F	Total
<b>Your Score</b>							

Suitable Fund as per your calculation	Scores	Investor Portfolio	Funds
	25 - 30	Aggressive	Faysal Asset Allocation Fund Faysal Balanced Growth Fund Faysal Islamic Asset Allocation Fund
20 - 24	Balance	Faysal Income & Growth Fund Faysal FMTSF Fund	
15 - 19	Stable	Faysal Savings Growth Fund Faysal Financial Sector Opportunity Fund	
10 - 14	Conservative	Faysal Islamic Savings Growth Fund Faysal Money Market Fund	

Fund Chosen:  FAAF  FBGF  FIAAF  FIGF  FMTSF  FSGF  FFSOF  FISGF  FMMF

Note: I agree that as per my Risk Profile FAML has suggested me above fund category but I can/ may invest in any other fund as per my discretion.

**KYC DETAILS OF PRINCIPLE ACCOUNT HOLDER (Mandatory for compliance with regulatory requirement)**

Occupation:  Services (Public/Private)  Business  Retired  Housewife  Student  Agriculturist  Other(Specify) \_\_\_\_\_

Source of Income:  Business/Selfowned  Salary  Savings  Inheritances  Remittances  Retirment fund  Other(Specify) \_\_\_\_\_

Education \_\_\_\_\_ Age \_\_\_\_\_

Name of Employer/ Business (If Applicable) \_\_\_\_\_ Income (Approx) \_\_\_\_\_

**PLEASE DESCRIBE IF "YES" IS SELECTED**

Has any financial institution ever refused to open your account?  No  Yes

Are you acting on behalf of any other person?  No  Yes

Are you holding any senior position in any government institution?  No  Yes

Are you holding any senior position in any political party?  No  Yes

Do you deal in high value items such as Gold, Silver, Diamond etc?  No  Yes

**DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(S)**

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. 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.

Date: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**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.

## DOCUMENTATION CHECKLIST

### Individual

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

### Partnership Account

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

### Joint Stock Companies

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

### Trust

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

### 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)
- FATCA form

### 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

## GUIDELINES FOR COMPLETING THE ACCOUNT OPENING FORM

This form is common for both individual and institutional customers. Please complete the form in **BLOCK** letters.

### INFORMATION ABOUT THE PRINCIPAL ACCOUNT HOLDER

1. Principal account holder must sign in the space provided.
2. The officer will not accept the form without the signature of principal account holder.

### JOINT UNIT HOLDER(S) DETAILS (OPTIONAL)

3. If there is/are any Joint Holders, the name(s) need to be specified along with their CNIC and signature(s).
4. Please "Tick" how the account shall be operated.

### NOMINEE DETAILS

5. Provide full information of the nominee including his/her residential address, CNIC No. and allocation percentage etc.
6. In case of FAML receiving notice of the demise of an investor, FAML shall not allow the transfer, redemption or dividend payouts without the proper evidence.

### BANK ACCOUNT DETAILS OF PRINCIPAL UNIT HOLDER

7. Please make sure to provide correct details of bank account of Principal Account Holder. Any error in filling this information may cause delay in transfer of funds to the account holder.

### CERTIFICATE INSTRUCTION

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

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### OTHER INSTRUCTIONS

9. 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)
10. In case of an Application form being filled in by the guardian, on behalf of a minor(s), the name of the minor(s) as well as the guardian should be written clearly on the Form and the guardian's signature should be recorded.
11. It shall be the responsibility of the applicant to pay all stamp and other duties, taxes and processing charges in relation to the units acquired by him/her.

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