

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 - 45 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"/>	Retirement 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
Your Score							

Suitable Fund as per your calculation	Scores	Investor Portfolio	Funds
	20 - 28	Aggressive	Faysal Asset Allocation Fund Faysal Stock Fund (formerly Faysal Balanced Growth Fund) Faysal Islamic Asset Allocation Fund
15 - 19	Balance	Faysal Income & Growth Fund Faysal FMTSF Fund	
11 - 14	Stable	Faysal Savings Growth Fund Faysal Financial Sector Opportunity Fund	
1 - 10	Conservative	Faysal Islamic Savings Growth Fund Faysal Money Market Fund	

Fund Chosen: FAAF FSF (formerly 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 Retirement 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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