Faysal AssetManagement

Investment Application Form

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

| Date | Registration N | No | | | | | | | | | |
|---|---|--|---|---|--|--|--|---|--|---|--|
| INVESTOR INFORMATION | | | | | | | | | | | |
| ☐ Individual Investor(s) | | | | For Corporate/Institution/Trust/Other Non-Individual | | | | | | | |
| New Applicant Existing Account Holder | | | er | | | | | | | | |
| Account Title | | | | CN | C/NICOP/N | TN L | | - | | - | |
| CDC Investor Account/Participar | nt ID (if CDC units required) | | | CE | C Sub Account | t No | | | | | |
| NAME OF FUND | | TVDE A | TYPEOF | | IN (BO) | INV | ESTMENT | | | *FEL (% of Nav) | |
| Faysal Money Market Fund | (ENANAE) | TYPEA | Fixed | YPEB Flexible | IN (RS.) | | | IN WORDS | | (70 01 1447) | |
| Faysal Money Market Fund Faysal Saving Growth Fund | | | Fixed | Flexible | | | | | | | |
| Faysal Islamic Saving Growth Fund (FISGF) | | | Fixed | Flexible | | | | | | | |
| Faysal Financial Sector Opportunity Fund (FFSOF) | | | | | | | | | | | |
| 5. Faysal Islamic Asset Allocation Fund (FIAAF) | | | | | | | | | | | |
| 6. Faysal Income & Growth Fund (FIGF) | | | | | | | | | | | |
| 7. Faysal Asset Allocation Fund (FAAF) | | | | | | | | | | | |
| 8. Faysal Stock Fund (FSF) (form | | | | | | | | | | | |
| Faysal Margin Trading System | em Fund (FMTSF) | | | | | | | | | | |
| *Front End Load | | | | | | | | | | | |
| MODE OF PAYMENT INST | FRUMENT NO (DR | AWN ON | I)BANKN | AME BRA | NCH NAME & | CODE | | AMOUN | IT IN RS. | | |
| Cheque | | | | | | | | | | | |
| Pay Order Online Transfer | | | | | | | | | | | |
| | |) F) | | | | | | | | | |
| FIXED PERIODIC PAYMENT | OPTION (IF APPLICAE | · · · · · · · · · · · · · · · · · · · | | 1 | | _ | _ | | | | |
| // We request to receive PKR (The capital invested may deplete incase su | fficient returns are not earned to co | | | only) at regular int erval payment require | | Payment I | Frequency | : Monthly | | Quarterly | |
| (I/We authorize FAML to redeem my units to | | | | | | | | Semi-Annual | | Annual _ | |
| CERTIFICATE INSTRUCTION | 1 | | | | | | | | | | |
| Please issue Certificates (Cer | | | | | | | | | ate(s) may l | be combined with | |
| the payments for unit(s). Unless in COOLING - OFF RIGHT FOR | | | mber of certi | ificate(s) wi ll be is | sued, Certificate | s shall not b | e issued for | Type 'B' units.) | | | |
| All Individual Investors have a right Limited (FAML). The Unit Holder period). The cooling-off right shall right shall be paid to the Unit Holder the witten request from the Unit Holder | may exercise cooling-off r I be exercised by the unit Ier be an amount equal to | ight within holder upo NAV per u | i three (3) bi on written re init applicabl | usiness days co equest to the FA e on the date th | mmencing from ML within the tir e cooling-off rigl | n the date me specifie ht exercise | of issuance d. The refur which is pa | of initial Staten of pursuant to yable within six | nent of Ac the exerci (6) busine | scount (cooling-case of a cooling-case days of receip | |
| of written request from the Unit H holder where applicable, in accor | | | | | | | | a (Back end loa | ia) wiii be p | bayable by the ur | |
| DECLARATION AND SPECIN | MEN SIGNATURE OF A | ACCOUN | T HOLDEF | R(S) | | | | | | | |
| I/We confirm having files & signed to ing Fund(s)/ Plan and further ackn | | | | | Trust Deed(s), O | Offering Doc | ument(s) and | d all Supplemen | tal of the re | espective underly | |
| I/We have carefully read, understo correct and complete to the best the company of any changes to the I confirm that I have understood the investment. | of my / our knowledge and ne information provided in t | d belief, and his form. | d the docum | nents submitted | along with this a | application a | ire genuine. | / We hereby u | ndertake t | to promptly inforr | |
| Applicant / Guardian's Signa | ature | | | | | | | | | | |
| Joint Applicants / Authorized Signature | gnature(s) 1 | | | 2 | | 3 | | 4 | | | |
| Date: | | | | | | | | *Rubber stamp | required in ca | ase of Institutional Clie | |
| FOR OFFICE USE ONLY | | | | | | | | | | | |
| Cross Cheque/Pay Order/Der | nand Draft 🔲 Board Re | solution Au | thorizing Inve | estment 🗌 Lis | t of Authorized Sig | gnatories | Other D | Ocuments (pleas | e specify) | | |
| DISTRIBUTOR DETAILS (FC | R OFFICE USE ONLY |) | | | | | | | | | |
| Facilitator Name & Code | ame & Code Form Date | | | | | | | | | | |
| Distributor Name & Code | | | | | | | | | | | |
| REGISTRAR DETAILS (FOR | OFFICE USE ONLY) | | | | | | | | | | |
| | | | | | | | | | | | |
| Form Received By | | | | | | | | | | | |
| Name of Authorized Person | | | Forr | m No | | Autho | rized Signat | ture | | | |
| INVESTOR RECEIPT (TO B | E FILLED BY DISTRIBL | JTOR/FA | ACILITATO | PR) | | | | | | | |
| Received from | | | | soilaaA | ation form for th | ne sale of u | nits of | | | | |
| with Cross Cheque/Pay Order/I | | | | | | | | | | | |
| Mode of Units | | | | | | | | | | | |
| Authorized Branch Stamp | | | - | | | | Receive | d By | | | |
| 1011 <u>-</u> 04 Dialion Otalinp | | / \UI | ,0,,200 019 | ,y | | | . 10000110 | ~ - <i>,</i> | | | |

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 with in 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. 5000/- 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) (formally Faysal Balanced & Growth Fund) | CDC Trustee - Faysal Stock Fund (FSF) (formally Faysal Balanced & Growth Fund) | Up to 3% of NAV | | | | | | |
| Faysal Margin Trading System Fund (FMTSF) | CDC Trustee - Faysal Margin Trading System Fund | Up to 2% of NAV | | | | | | |

If you have any questions or need additional information, please contact below mention adress or contact number. Faysal Asset Management Limited

8th Floor, Tower A, Saima Trade Tower, I.I.Chundrigar Road, Karachi.

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