

# Faysal Asset Management

## Changes / Amendments Form

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

### INVESTOR INFORMATION

Title of Account (To be changed to) \_\_\_\_\_ \*CNIC/ NICOP/ NTN 

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Name of Guardian with signature ( Existing ) \_\_\_\_\_ \*Kindly provide new CNIC copy  
(for minor applicants)  
Name of Guardian with signature (to be changed to) \_\_\_\_\_ Relation with Minor \_\_\_\_\_  
(for minor applicants)  
Contact number of Guardian \_\_\_\_\_ Address \_\_\_\_\_

### PLEASE SELECT ACTIVITY (FOR CHANGES)

Mailing Address / Contact Details  Account Operating Instructions  Zakat & Tax Status  Joint Applicant Details  Nominee Details  
 Value Added Service  Bank Account Details  Periodic Payment Instruction  Dividend Distribution

### CHANGE IN CONTACT DETAILS

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

### CHANGE IN ZAKAT & TAX STATUS

Zakat Deduction ? Yes  No  (if "No" Please provide Affidavit) Tax Exemption ? Yes  No  (if "Yes" Please provide Tax Exemption Certificate)

### CHANGE / UPDATE VALUE ADDED SERVICES

Statement Delivery ? 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

### CHANGE IN BANK ACCOUNT DETAILS

Bank Account Title : \_\_\_\_\_ Account No : \_\_\_\_\_  
Name of Bank : \_\_\_\_\_ Branch Name : \_\_\_\_\_

### CHANGE IN 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) \_\_\_\_\_

### CHANGE IN JOINT HOLDER DETAILS

ADD	DELETE	EDIT	Name (as per CNIC)	CNIC No	Signature Specimen	Contact No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

### CHANGE IN PERIODIC PAYMENT STATUS

Please change my payment instruction: (Applicable for Income Units ( Type B) Only.  
Name of Fund \_\_\_\_\_ Please tick one:  Flexible Income  Fixed Income ( Rs. \_\_\_\_\_ )  
**Payment Interval:**  Monthly  Quarterly  Half Yearly  Annually **Payment Mode:**  Cheque  Pay Order  Bank Transfer

### CHANGE IN NOMINEE

ADD	DELETE	EDIT	Name (as per CNIC)	CNIC No	Relationship with Principal Account Holder	% Allocation to each
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

"The person to be nominated shall not be a person other than 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.

### CHANGE IN 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).

### 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.

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

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

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

(Rubber stamp required in case of Institutional Clients)