

Faysal Active Principal Preservation Plan (FAPPP) - Investment Form

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

Date _____ Registration No _____

INVESTOR INFORMATION

Individual Investor(s) For Corporate/Institution/Trust/Other Non-Individual

Account Title _____ CNIC/NICOP/NTN

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INITIAL INVESTMENT DETAILS

Instrument	Instrument No	Bank Name (Drawn on)	Branch Name & Code	Amount (In figure)	Amount (In words)	FEL* (% of NAV)
<input type="checkbox"/> Cheque <input type="checkbox"/> Online Transfer <input type="checkbox"/> Pay order						

*Front-End Load

COOLING - OFF RIGHT FOR INDIVIDUAL UNIT HOLDERS

All Individual Investors have a right to obtain a refund of their first time investment (cooling-off right) in a Collective Investment Scheme (CIS) managed by Faysal Asset Management Limited (FAML). The Unit Holder may exercise cooling-off right within three (3) business days commencing from the date of issuance of initial Statement of Account (cooling-off period). The cooling-off right shall be exercised by the unit holder upon written request to the FAML within the time specified. The refund pursuant to the exercise of a cooling-off right shall be paid to the Unit Holder by an amount equal to NAV per unit applicable on the date the cooling-off right exercise which is payable within six (6) business days of receipt of written request from the Unit Holder. AMC shall refund the Front end load (Sales Load) paid by the unit holder, however contingent load (Back end load) will be payable by the unit holder where applicable, in accordance with the Direction No. 31 of 2016 issued by Securities and Exchange Commission of Pakistan.

DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(S)

I/We confirm having files & signed this application form after having read and understood the relevant Trust Deed(s), Offering Document(s) and all supplemental of the respective underlying Fund(s) Plan and further acknowledge the risk involved factor associated in mutual funds.

I/We have carefully read, understood and agree to abide by all the rules, regulations, terms and conditions applicable on the Fund(s) and Plan(s). 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

I confirm that I have understood the details of Sales Load to be deducted including taxes & all investment in mutual fund are subject to market risk which could result in loss of principle investment.

Applicant / Guardian's Signature _____

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

Date: _____ * Rubber stamp required in case of Institutional Clients

DISTRIBUTOR DETAILS (FOR OFFICE USE ONLY)

Facilitator Name & Code _____ Form Date _____

Distributor Name & Code _____ Facilitator / Distributor Signature _____

REGISTRAR DETAILS (FOR OFFICE USE ONLY)

Form Received By _____ Form Verified By _____

Name of Authorized Person _____ Form No _____ Authorized Signature _____

If you have any questions or need additional information, please contact below mention address or contact number.

Faysal Asset Management Limited

West Wing, 7th Floor, Faysal House, ST- 02, Sharah-e-Faisal, Karachi.

U 92 21 111 329 725 W www.faysalfunds.com E customerservices@faysalfunds.com

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.

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 Plan Name" and crossed "Payee Account only". Payment instruction table is given below.
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 within 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 plan is PKR. 1,000/-
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.
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.

KINDLY PROVIDE YOUR FORM WITHIN CUT-OFF TIMINGS : 9:00A.M TO 5:00 P.M AS PER BELOW PAYMENT INSTRUCTIONS:

Name of Plan	Payment Instrument in favour of	Front End Load
Faysal Active Principal Preservation Plan (FAPPP)	CDC Trustee - Faysal Financial Planning Fund	Upto 3%

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