

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

Online Access Yes No NAV SMS Subscription Yes No

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: Single signatory Joint signatories (Any 2) All signatories Other (Please Specify) _____

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 relatives of the member, namely, a spouse, father, mother, brother, sister & son or daughter, including a step or adopted child." Companies Act 2017.

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		Marital Status		C		Number of Dependents	
<input type="checkbox"/>	Below 40		6	<input type="checkbox"/>	Single		6	<input type="checkbox"/>	Zero		6
<input type="checkbox"/>	41-50		3	<input type="checkbox"/>	Married		2	<input type="checkbox"/>	Below four		3
<input type="checkbox"/>	51-60		1	<input type="checkbox"/>	Divorced/widow		0	<input type="checkbox"/>	Four to seven		1
<input type="checkbox"/>	Above 60		0					<input type="checkbox"/>	Above seven		0
D		Occupation		E		Qualification		F		Your Risk Appetite	
<input type="checkbox"/>	Retired / Unemployed		0	<input type="checkbox"/>	Matriculation or below		0	<input type="checkbox"/>	Very high		12
<input type="checkbox"/>	Housewife/Student		1	<input type="checkbox"/>	Intermediate		1	<input type="checkbox"/>	High		10
<input type="checkbox"/>	Salaried		3	<input type="checkbox"/>	Graduate		2	<input type="checkbox"/>	Moderate		6
<input type="checkbox"/>	Self Employed / Business		6	<input type="checkbox"/>	Post Graduate		3	<input type="checkbox"/>	Low		4
				<input type="checkbox"/>	Doctorate		4	<input type="checkbox"/>	Very Low		0
G		Your Investment Objective		H		Your Investment Horizon		I		Your current level of investment knowledge	
<input type="checkbox"/>	Capital preservation		4	<input type="checkbox"/>	Short term (Less than 1 year)		4	<input type="checkbox"/>	Little or no knowledge		0
<input type="checkbox"/>	Capital preservation & income		8	<input type="checkbox"/>	Medium term (1 to 5 years)		6	<input type="checkbox"/>	Some knowledge		2
<input type="checkbox"/>	Income and long-term growth		12	<input type="checkbox"/>	Medium to long term (5 to 10 years)		10	<input type="checkbox"/>	Both knowledgeable & experienced in investing		4
<input type="checkbox"/>	Capital growth		14	<input type="checkbox"/>	Long term (More than 10 years)		12				
J Your current financial position: in a year or so? How sure do you feel your finances will be?											
<input type="checkbox"/>	Very secure		0								
<input type="checkbox"/>	Somewhat secure		-2								
<input type="checkbox"/>	Not sure		-4								
<input type="checkbox"/>	Likely worse		-8								

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	G	H	I	J	Total
Your Score											

Risk Profile	Scores	Investor Portfolio	Funds	Suitable Investment Scheme
High	50+	Aggressive	Faysal Stock Fund Faysal Islamic Stock Fund Faysal Asset Allocation Fund Faysal Islamic Asset Allocation Fund Faysal Financial Value Fund	Equity
Medium	36 - 50	Stable	Faysal Islamic saving growth Fund Faysal Income & Growth fund Faysal Financial Sector Opportunity Fund Faysal MTS Fund Faysal Savings Growth Fund	Income Scheme
Low	0 - 35	Conservative	Faysal Money Market Fund Faysal Cash Fund Faysal Islamic cash Fund Faysal Halal Amdani Fund Faysal Government Securities Fund	Money Market scheme

Fund Chosen: FMMF FSGF FFSOF FISGF FIGF FAAF FSF
 FIAAF FMTSF FHAF FGSF FISF FCF FICF _____

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.

DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(S)

I declare that I understand that this risk profiling questionnaire will help me assess my risk appetite based on the information provided by me. I am / We are aware that my financial needs may change over time depending on my personal and situational objectives. I also understand that this questionnaire does not constitute, in any manner, advice given by the Company. I shall be solely responsible for all my current and future investment, conversion and transfer transactions if these transactions are not in accordance with my above-mentioned risk profiling results, I will not hold the Company liable or responsible for these transactions in any manner. Further, I hereby confirm that all information provided in this form is true to the best of my knowledge.

Date: _____

Applicant's/Guardian's Signature _____

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

Occupation: <input type="checkbox"/> Services (Public/Private) <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist <input type="checkbox"/> Other(Specify)
Source of Income: <input type="checkbox"/> Business/Selfowned <input type="checkbox"/> Salary <input type="checkbox"/> Savings <input type="checkbox"/> Inheritances <input type="checkbox"/> Remittance <input type="checkbox"/> Retirement fund <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes
Are you acting on behalf of any other person? <input type="checkbox"/> No <input type="checkbox"/> Yes
Are you holding any senior position in any government institution? <input type="checkbox"/> No <input type="checkbox"/> Yes
Are you holding any senior position in any political party? <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you deal in high value items such as Gold, Silver, Diamond etc? <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have any links to offshore tax haven countries? <input type="checkbox"/> No <input type="checkbox"/> Yes

DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(S)

I, the undersigned, hereby declare that the above mentioned information is correct, complete and up-to-date to the best of my knowledge and belief, and I shall immediately update the Management Company if there is any change in such information. I hereby assure to the Management Company that the proceeds invested in the Fund(s) are not derived from money laundering or illegal activities and the source of funds declared in the Form is true and correct to the best of my knowledge and belief.

Date: _____

Applicant's/Guardian's Signature _____

MINIMUM DOCUMENT CHECKLIST**Individual**

- Copy of CNIC/Passport/ NICOP/ POC/ ARC
- Copy of nominee CNIC
- Business/Employment Proof
- Source of Income
- KYC form & Risk Profile
- Zakat Certificate (if applicable)
- FATCA Form
- CRS form

Sole Proprietorship

- Copy of CNIC/Passport/ NICOP/ POC/ ARC of the proprietor
- Copy of registration certificate for registered concerns
- Copy of certificate or proof of membership of trade bodies etc, wherever applicable
- Declaration of sole proprietorship on business letter head
- Account Opening requisition on business letter head
- KYC form & Risk Profile
- FATCA form
- CRS form

Partnership Account

- Copy of CNIC/Passport/ NICOP/ POC/ ARC of all authorized partners
- Attested copy of "Partnership Deed"
- Attested Copy of Registration Certificate with Registrar of Firms. In case the partnership is unregistered, this fact shall be clearly mentioned on the Account Opening Form
- Authority letter from all partners, in original, authorizing the person(s) to operate firm's account.
- FATCA form
- CRS form

Trust, Clubs, Societies and Associations

- Copy of CNIC/Passport/ NICOP/ POC/ ARC of the authorized person(s)
- Certified Copy of Certificate of Registration/ Instrument of Trust
- Certified Copy of By-laws/Rules & Regulations
- Resolution of the Governing Body/ Board of Trustees/ Executive Committee, if it is ultimate governing body for opening of account authorizing the person(s) to operate the account
- FATCA form
- CRS form

NGOs/NPOs/ Charities

- Copy of CNIC/Passport/ NICOP/ POC/ ARC of the authorized person(s)
- Certified Copy of Registration documents/ Certificate
- Certified Copy of By-laws/Rules & Regulations
- Resolution of the Governing Body/ Board of Trustees/ Executive Committee, if it is ultimate governing body for opening of account authorizing the person(s) to operate the account
- Any other documents as deemed necessary including its annual accounts/ financial statements or disclosures in any form which may help to ascertain the detail of its activities, sources and usage of funds in order to assess the risk profile of the perspective customer
- FATCA form
- CRS form

Executors and Administrators

- Copy of CNIC/Passport/ NICOP/ POC/ ARC of the Executor/ Administrator
- A certified copy of Letter of Administrator or Probate
- FATCA form
- CRS form

Limited Companies/Corporations

- Copy of CNIC/Passport/ NICOP/ POC/ ARC of all the directors and persons authorized to open and operate the account
- Audited Financial Statement of the Company
- Resolution of Board of Directors for opening of account specifying the person(s) authorized to open and operate the account
- Memorandum and Articles of Associations
- Certificate of Incorporation
- Certificate of Commencement of Business, wherever applicable
- List of Directors on 'Form- A/ Form-B' issued under Companies Act, 2017, as applicable; and Form No 29, wherever applicable
- Register of Ultimate Beneficial Ownership
- FATCA form
- CRS form

Minor Accounts

- Copy of CNIC/Passport/ NICOP/ POC/ ARC of the guardian of the minor
- Photocopy of Form-B, Birth Certificate or Student ID card (as appropriate)
- FATCA form
- CRS form

Note: 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/Guardian's Signature _____

Joint Applicant(s)/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.

OTHER INSTRUCTIONS

9. 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)
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.

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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.