

# Changes / Amendments Form

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

## INVESTOR INFORMATION

Title of Account (To be changed to) \_\_\_\_\_ \*CNIC/ NICOP / NTN       -       \*Kindly provide new CNIC copy  
 Name of Guardian with signature ( Existing ) \_\_\_\_\_  
(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. \_\_\_\_\_ )  

|   |  |
|---|--|
| <b>Payment Interval:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annually | <b>Payment Mode:</b> <input type="checkbox"/> Cheque <input type="checkbox"/> Pay Order <input type="checkbox"/> 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)