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Mode of Units 🗌 Electronic A/c statement 🗌 CDC Units 🗌 Physical

Authorized Branch Stamp

Authorized Signatory \_\_\_\_\_

\_\_\_\_\_ Received By \_\_\_\_

# Investment Applicaton Form Please read the "Guidelines" overleaf before filling this form.

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

INVESTOR INFORMATION												
Individual Investor(s) For Corporate/Insti	tution/Trust/Other Non-Individual	🗌 Ne	w Applicant		] Exis	sting A	ccour	nt Holde	er			
Account Title		CNIC/	NICOP/NT	N			-				-	
CDC Investor Account/Participant ID (ff CDC units required) CDC Sub Account No												
NAME OF FUND	CATEGORY	RISK PROFILE	TYPE OF UNITS		RS.)	INVES	STME	NT AM			– Lo	t End ad NAV)
1. Faysal Money Market Fund (FMMF)	Money Market	Low										
2. Faysal Halal Amdani Fund (FHAF)	Shariah Compliant Money Market	Low										
<ul><li>3.Faysal Islamic Cash Fund (FICF)</li><li>4. Faysal Financial Sector Opportunity Fund (FFSOF)</li></ul>	Shariah Compliant Money Market	Low										
5. Faysal MTS Fund (FMTSF)	Income	Moderate										
6. Faysal Government Securities Fund (FGSF)	Income	Low										
7. Faysal Savings Growth Fund (FSGF)	Income	Moderate										
8. Faysal Islamic Savings Growth Fund (FISGF)	Shariah Compliant Income	Moderate										
9. Faysal Income & Growth Fund (FIGF)	Aggressive Income	Medium										
10. Faysal Asset Allocation Fund (FAAF)	Asset Allocation	High										
<ol> <li>Faysal Islamic Asset Allocation Fund (FIAAF)</li> <li>Faysal Stock Fund (FSF)</li> </ol>	Shariah Compliant Asset Allocation Equity	High High										
13. Faysal Islamic Stock Fund (FISF)	Shariah Compliant Equity	High										
14		0										
MODE OF PAYMENT INSTRUMENT NO	(DRAWN ON) BANK NAME	BRANC	H NAME & (	CODE			А	MOUN	T IN R	S.		
Cheque												
Pay Order												
Online Transfer												
FIXED PERIODIC PAYMENT OPTION (IF AP	PLICABLE)											
I/We request to receive PKR	(for fixed Type B units only) at			aymen	t Frequ	lency:	N	1onthly		G	uarterly	
(The capital invested may deplete incase sufficient returns are not e (I/We authorize FAML to redeem my units to pay me/us income at r			me/us.)				Semi-	Annual			Annual	
CERTIFICATE INSTRUCTION		, ,										
Please issue Certificates (Certificate(s) will be iss	ued only if requested (on payment of l	Rs 25/- per cer	tificate which i	may be c	harded	) Pavm	ent for	certifica	te(s) ma	v he co	mbined	with
the payments for unit(s). Unless indicated by the app				5	0	, ,			0(0)1110	y 50 00	11011100	VVICIT
COOLING - OFF RIGHT FOR INDIVIDUAL UN	NT HOLDERS											
All Individual Investors have a right to obtain a refund												
Limited (FAML). The Unit Holder may exercise coor period). The cooling-off right shall be exercised by												
right shall be paid to the Unit Holder be an amount	equal to NAV per unit applicable on t	he date the co	ooling-off righ	t exercis	e which	n is pay	able w	rithin six	(6) busi	ness da	ays of re	eceipt
of written request from the Unit Holder. AMC shall re holder where applicable, in accordance with the Di							(Back	end load	d) will be	e payab	le by th	.e unit
DECLARATION AND SPECIMEN SIGNATUR	RE OF ACCOUNT HOLDER(S)		0									
I/We confirm having filled & signed this application t	form after having read and understo		nt Trust Deed	(s), Offer	ing Doo	cument	t(s) and	d all Supp	plemen	al of th	e respe	ective
underlying Fund(s)/ Plan and further acknowledge the risk involved factor associated in mutual funds.									tri ie			
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 investments in mutual fund are subject to market risk which could result in loss of principal												
investment.	0				,							1
Applicant's / Guardian's Signature												
Joint Applicant'(s) / Authorized Signature(s) 1.	2		(	3				_ 4				
Date:						(	Rubber	stamp req	uired in c	ase of Ins	titutional	Clients
FOR OFFICE USE ONLY												
Cross Cheque/Pay Order/Demand Draft	Board Resolution Authorizing Investmer	nt 🗌 List of A	Authorized Sig	natories		Other D	ocume	nts (please	specify) _			
DISTRIBUTOR DETAILS (FOR OFFICE USE	ONLY)											
	÷	Farmer	Data									
Facilitator Name & Code		Form	Date									
Distributor Name & Code		Facilit	tator / Distrib	utor Sigi	nature							
REGISTRAR DETAILS (FOR OFFICE USE O	NLY)											
Form Received By		Form Verified	By									
Name of Authorized Person					orized	Signat	ure					
INVESTOR RECEIPT (TO BE FILLED BY DI	STRIBUTOR/FACILITATOR)											
Received from												
with Cross Cheque/Pay Order/Demand Draft No	), dated		_ for Rs,				d	rawn on	l			

## 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 Fund	Payment Instrument in favour of	Front End Load						
Faysal Money Market Fund (FMMF)	CDC Trustee - Faysal Money Market Fund	Up to 2% of NAV						
Faysal Halal Amdani Fund (FHAF)	CDC Trustee - Faysal Halal Amdani Fund	Up to 2% of NAV						
Faysal Islamic Cash Fund (FICF)	CDC Trustee - Faysal Islamic Cash 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 MTS Fund (FMTSF)	CDC Trustee - Faysal MTS Fund	Up to 2% of NAV						
Faysal Government Securities Fund (FGSF)	CDC Trustee - Faysal Government Securities Fund	Up to 2% of NAV						
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 Income & Growth Fund (FIGF)	CDC Trustee - Faysal Income & Growth Fund	Up to 2% of NAV						
Faysal Financial Value Fund (FFVF)	CDC Trustee - Faysal Financial Value Fund	Up to 3% of NAV						
Faysal Asset Allocation Fund (FAAF)	CDC Trustee - Faysal Asset Allocation Fund	Up to 3% of NAV						
Faysal Islamic Asset Allocation Fund (FIAAF)	CDC Trustee - Faysal Islamic Asset Allocation Fund	Up to 3% of NAV						
Faysal Stock Fund (FSF)	CDC Trustee - Faysal Stock Fund	Up to 3% of NAV						
Faysal Islamic Stock Fund (FISF)	CDC Trustee - Faysal Islamic Stock Fund	Up to 3% of NAV						

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

Faysal Asset Management Limited

West Wing, 7th Floor, Faysal House, 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.