

KYC DETAILS OF PRINCIPLE 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"/> Remittances	<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/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.

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)