

# Sahulat Sarmayakari Account Opening Form

Date \_\_\_\_\_ Registration No \_\_\_\_\_ (Only Pakistani Individuals with no joint accounts)

## INFORMATION ABOUT ACCOUNT HOLDER

Name (as written on CNIC) Mr./Ms./Mr.		Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Father/Husband Name:		Zakat Deduction: <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach Zakat Affidavit)		
Relation with minor:				
Occupation:	Date of Birth:	CNIC:		
Address:				
City:	Telephone:	Mobile:	Email:	

## INFORMATION ABOUT NOMINEE(S)

Nominees can only be the relatives of the applicant namely spouse / father / mother / brother / sister / son / daughter (including a step / adopted child).

Name: Mr./Ms./Mrs.		Name: Mr./Ms./Mrs.	
Relation with holder:	Share %	Relation with holder:	Share %
Name of Father/Husband:		Name of Father/Husband:	
Address:			
Address:			
Tel:	Email:	Tel:	Email:
CNIC No.	Other ID (if not CNIC No.):	CNIC .	Other ID (if not CNIC No.):

## IMPORTANT INFORMATION

### COOLING-OFF RIGHT FOR INDIVIDUAL UNIT HOLDERS

All Individual Unit Holders have a right to obtain a refund of their first time investment only (cooling-off right) in a Collective Investment Scheme (CIS). The Unit Holder may exercise cooling-off right within three (3) business days commencing from the date of issuance of Statement of Account (cooling-off period). For this purpose, the Unit Holder shall send a written request to FAML's Head Office. The refund pursuant to the exercise of a cooling-off right shall be paid to the Unit Holder at an amount equal to NAV per unit applicable on the date the cooling-off period is exercised, within six (6) business days of receipt of written request from the Unit Holder.

## INSTRUCTIONS

1. Investment/Redemption Instructions	2. Dividend Payment Instructions
<input type="checkbox"/> Through Online Bank Account <input type="checkbox"/> Through Cheque	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Cash
Bank Name:	3. Bonus Encashment Instructions
Branch Name:	<input type="checkbox"/> Please tick if you desire to cash bonus units on the following
Bank Address:	
Account Number:	
4. Instructions for delivery of Account Statements	5. Other instructions
<input type="checkbox"/> by E-mail <input type="checkbox"/> by Post	a) Please send monthly newsletter <input type="checkbox"/> by E-mail <input type="checkbox"/> Hard copy <input type="checkbox"/> Both <input type="checkbox"/> Don't Send
Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Don't Send	b) Please send me daily prices <input type="checkbox"/> by E-mail <input type="checkbox"/> SMS <input type="checkbox"/> Don't Send

## DECLARATION AND SIGNATURE

I solemnly affirm that my source(s) of income/funds is/are \_\_\_\_\_. Further, I hereby confirm that all information provided in this form is true to the best of my knowledge.

Account Holder's Signature: \_\_\_\_\_

## DOCUMENTS REQUIRED

Documents to be submitted at the time of Investment: (Application will not be processed without receipt of all documents as applicable)  
Copy of valid CNIC of Account Holder. Copy of CNIC of Nominee(s). Form-B (Registration Certificate)/Student Card in case of minor.  
Copy of Zakat Affidavit (Form CZ50)

## FOR OFFICIAL USE ONLY

I/We \_\_\_\_\_ (Name of Sales Person(s)/Distributor) hereby confirm that Mr./Mrs./Ms \_\_\_\_\_ has fulfilled all account opening requirements and I have conducted a session with him/her in person.

Signature of Sales Person(s)/Distributor Branch/Distributor Stamp