

# Account Opening Form - Sahulat Sarmayakari

For Individuals

For assistance in completing this form, you can contact us at 042-111-225-262

## General Instructions

- Fill the form yourself or get it filled in your presence. Do not sign and/or submit blank forms.
- If any alteration is made, a countersign is mandatory.
- Account holder must sign in the space provided. The officer will not accept the form without the signature of the account holder.
- In case an investor cannot sign the form, he/she will have to visit our office/designated bank branch personally and submit one ( 1 ) recent passport size photograph which will have to be attested/verified by the Branch Manager/Customer Services Manager of the office/designated bank branch along with verification of thumb impression on the Account Opening Form. Every time the Account Holder wants to redeem his/her Investment, he/she will have to come personally to the office/designated bank branch and the redemption form will only be accepted when the thumb impression has been attested/verified by the office/designated bank branch Manager/Customer Service Manager.
- Please tick in the appropriate box wherever applicable, in case any field is not relevant, please mark 'N/A' (Not Applicable).
- An individual can open only one Sahulat Sarmayakri Account with ABL Asset Management Company Ltd. (ABL Funds).
- It is the responsibility of the applicant to carefully read and understand the guidelines and instructions provided in this form and the terms and conditions, especially risk disclosure, disclaimer, warning statement, investment objective in the offering Document of ABL Sahulat Sarmayakri Account
- Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled.
- Applications complete in all respects and carrying necessary documentary attachments should be submitted at any branch of Allied Bank, Authorized Distributor, or couriered at ABL AMC's Office. 48, Block- L, DHA Phase VI, Near Defence Raya Golf Club, Lahore.
- In compliance to SECP circular NO. 26 of 2021 dated October 7, 2021, Maximum annual investment limit is Rs. 800,000, maximum transaction limit is Rs. 400,000 and cumulative investment limit at any point in time is restricted to Rs. 1,000,000/-. These investment limits can be changed at any point of time as per the directives of SECP.

## Guidelines

- Cash/third party instrument will not be accepted.
- Payment can be made in the form of cheque, online transfer, demand draft, pay order , RTGS etc.
- If payment instrument is returned, the unpaid application will be rejected.
- It should be the responsibility of the applicant to pay all charges and taxes in relation to the units purchased by him/her.
- Front-end load (charges) and all taxes will be applicable on investment and Fund to Fund as per the constitutive documents of the Fund.
- Application will be processed as per cut-off timings of the Fund.
- Units will be allocated after deduction of applicable load (charges) and all taxes.
- Back-end load (charges) will be applicable on Fund to Fund / Conversion I Redemption as per the Constitutive documents of the Fund.

## Cooling-off Right for Investor

- As per the SECP's Direction # 31/2016, eligible investor can exercise cooling-off rights for first time investment within three working days.
- Individual investor(s) can claim refund of their first time investment in a fund (cooling off right) along with deducted front end load (if any) within the cooling off period, however this refund will be subject to the deduction of any applicable contingent load (back end load) and taxes.
- Cooling off period shall be three business days commencing from the date of issuance of investment Acknowledgment Letter/ Thank you Letter.
- Refund can be obtained by submitting written request at any of ABL AMCL office/ branch.

## DOCUMENT CHECKLIST

Documents as per Annexure-I of AML/CFT Regulations, 2020.  Source(s) of Income/Fund  W9 (Where Applicable)  Zakat Declaration (CZ-50), if applicable

### 1 PRINCIPAL ACCOUNT HOLDER DETAILS

|  |  |                        |  |
|--|--|------------------------|--|
| Name (Mr./Ms./Mrs.)  | <input type="text"/>   | Father/Spouse Name     | <input type="text"/>                                     |
| Mother Maiden Name   | <input type="text"/>   | Religion               | <input type="text"/>                                     |
| CNIC/NICOP No.   | <input type="text"/>   | CNIC/NICOP Expiry Date | <input type="text"/>                                     |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth  | <input type="text"/>   | Place/Country of Birth <input type="text"/>              |
| Mailing Address <input type="text"/>                                 |  |                        |  |
| Land Line No.  | <input type="text"/>   | Mobile No.             | <input type="text"/>                                     |
| City   | <input type="text"/>   |                        |  |
| Source(s) of Income  | <input type="checkbox"/> Salary <input type="checkbox"/> Savings <input type="checkbox"/> Business <input type="checkbox"/> Others _____ |                        |  |
| Occupation   | <input type="text"/>   | Email Address          | <input type="text"/>                                     |
|  |  | Zakat Deduction        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Residential Status   | <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident  | Nationality            | <input type="text"/>                                     |

Principal Account Holder Signature

Information about Next of Kin: (Optional)

Name

Mobile No. / Emergency Contact No.

(Please provide valid copy of CNIC of Next of Kin)

Name of Ultimate Beneficial Owner (if any)

Relationship with Principal Applicant/Investor

\*In case of ultimate beneficiary is other than investor, Please provide all related documents as per AMU/CFT regulations.\*

CNIC/ NICOP No.

CNIC/ NICOP Issuance Date

CNIC/ NICOP Expiry Date

Occupation

PEP (Foreign/Domestic)  Yes  No

Place of birth

(If place of birth/ Contact No/ Address/ Nationality is US fill section 4)

**2 RISK PROFILING QUESTIONNAIRE**

Answering these questions will help to understand your investment objectives, risk/return expectation that will translate your needs into an asset allocation suitable to your investment needs. This questionnaire will provide only guideline and should not constitute as specific advice. You should make your fund allocation based on your own judgment and personal circumstances. Please tick the box in the left hand margin that corresponds to your choice and also write your risk score for each question in the given space.

| 1                        | Age in (years)         | 2                    | Level of Understanding & Knowledge                | 3                    | Your Investment Horizon   |
|--------------------------|------------------------|----------------------|---|----------------------|---|
| <input type="checkbox"/> | Above 60 years         | 1                    | <input type="checkbox"/> Less / Limited Knowledge | 1                    | <input type="checkbox"/> Less than or equal to 1 year               |
| <input type="checkbox"/> | Between 46 to 60 years | 2                    | <input type="checkbox"/> Average                  | 2                    | <input type="checkbox"/> Greater than 1 year but less than 3 years  |
| <input type="checkbox"/> | Between 31 to 45 years | 3                    | <input type="checkbox"/> Good                     | 3                    | <input type="checkbox"/> Greater than 3 years but less than 5 years |
| <input type="checkbox"/> | Between 18 to 30 years | 4                    | <input type="checkbox"/> Expert                   | 4                    | <input type="checkbox"/> Greater than 5 years                       |
|                          | Score                  | <input type="text"/> | Score   | <input type="text"/> | Score   |

| 4                        | Primary Investment Objective | 5                    | Your Risk Tolerance   | 6                    | Of my Current Income, I am able to save up to: |
|--------------------------|------------------------------|----------------------|---|----------------------|--|
| <input type="checkbox"/> | Preserving Capital           | 1                    | <input type="checkbox"/> <b>Low Risk:</b> Cut losses immediately and liquidate all investments. Capital preservation is paramount.  | 1                    | <input type="checkbox"/> <=5%                  |
| <input type="checkbox"/> | Regular Income               | 2                    | <input type="checkbox"/> <b>Medium Risk:</b> Cut your losses and transfer investments to safer asset classes.   | 2                    | <input type="checkbox"/> 6% to 10%             |
| <input type="checkbox"/> | Capital growth               | 3                    | <input type="checkbox"/> <b>High Risk:</b> You are ok with volatility and accept decline in portfolio value as a part of investing. You would keep your investments as they are.                              | 3                    | <input type="checkbox"/> 11% to 25%            |
| <input type="checkbox"/> | Highest Potential Return     | 4                    | <input type="checkbox"/> <b>Very High Risk:</b> You would add to your investments to bring the average buying price lower. You are confident about your investments and are not perturbed by notional losses. | 4                    | <input type="checkbox"/> > 25%                 |
|                          | Score                        | <input type="text"/> | Score   | <input type="text"/> | Score  |

| 7                        | Existing Investments Equities | 8                    | Existing Investments Others                      | 9                    | Current Liabilities or Borrowings                |
|--------------------------|-------------------------------|----------------------|--|----------------------|--|
| <input type="checkbox"/> | Up to PKR 100,000             | 1                    | <input type="checkbox"/> Up to PKR 100,000       | 1                    | <input type="checkbox"/> More than PKR 1,500,000 |
| <input type="checkbox"/> | PKR 100,001-500,000           | 2                    | <input type="checkbox"/> PKR 100,001-500,000     | 2                    | <input type="checkbox"/> PKR 500,001 - 1,500,000 |
| <input type="checkbox"/> | PKR 500,001-1,500,000         | 3                    | <input type="checkbox"/> PKR 500,001-1,500,000   | 3                    | <input type="checkbox"/> PKR 100,001 - 500,000   |
| <input type="checkbox"/> | More than PKR 1,500,000       | 4                    | <input type="checkbox"/> More than PKR 1,500,000 | 4                    | <input type="checkbox"/> Up to PKR 100,000       |
|                          | Score                         | <input type="text"/> | Score  | <input type="text"/> | Score  |

Total Score (Sum of score for question 1-9)

| Score   | Risk Profile | Fund / Plan Category  | Fund / Plan Name  |
|---------|--------------|---|---|
| 9 - 15  | Low          | Money Market Scheme, Shariah Compliant Money Market Scheme, Fixed Rate / Return Scheme, Shariah Compliant Fixed Rate / Return Scheme, Capital Protected Scheme (Non-Equity) | ABL Cash Fund, ABL Islamic Cash Fund, ABL Money Market Plan -I, ABL Islamic Money Market Plan -I, ABL Fixed Rate Fund (ABL Fixed Rate Plans), ABL Special Saving Fund (ABL Special Savings Plans), ABL Islamic Fixed Term Fund (ABL Islamic Fixed Term Plans)   |
| 16 - 22 | Moderate     | Fixed Rate / Return Scheme  | ABL Fixed Rate fund (ABL Fixed Rate plans)  |
| 23 - 29 | Medium       | Income Scheme, Shariah Compliant Income Scheme, Shariah Compliant Asset Allocation Scheme, Fund of Fund Scheme, Shariah Compliant Fund of Fund Scheme                       | ABL Income Fund, ABL Islamic Income Fund, ABL Government Securities Fund, ABL Financial Sector Plan - I, ABL Islamic Asset Allocation Fund, ABL Islamic Sovereign Plan - I, ABL FPF (Conservative Allocation), ABL IFFP (Conservative Allocation, CPP), ABL AMC Financial Planner - (Moderate Plan, Dynamic Plan) |
| 30 - 36 | High         | Equity Scheme, Shariah Compliant Equity Scheme, Asset Allocation Scheme, Fund of Fund Scheme, Shariah Compliant Fund of Fund Scheme   | ABL Stock Fund, ABL Islamic Stock Fund, Allied Finergy Fund, ABL Optimal Asset Allocation Fund, ABL IFFP (Active Allocation), ABL AMC Financial Planner - Aggressive Plan   |

**Declaration**

I understand that this risk profiling questionnaire will help me assess my risk appetite based on the information provided by me. I am aware that my financial needs may change over time depending on my personal and situation objectives. I shall be solely responsible for all of 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 ABL AMCL liable or responsible for these transactions in any manner.

"If you disagree with the suggested funds as per your risk profiling score and wish to invest in different funds, you may choose the override option given below".

Agree  Override

Principal Account Holder Signature

WE DO NOT ACCEPT CASH. Payment to be made only in favor of the TRUSTEE through cross cheque, pay order or online transfer. نقدی رقم قابل قبول نہیں۔ ادا ہونے پر صرف ٹریسٹ کے نام پر کراس چیک، پی او آر یا آن لائن ٹریسٹری صورت میں کی جائے گی۔

**Individual Tax Residency Self-Certification Form** (please complete parts 1 and 2 in BLOCK CAPITALS) \* Indicates mandatory field(s)

**Do you hold tax residency of any country/ jurisdiction other than Pakistan and/or United States?**  Yes  No

**Part 1: Identification of Individual Account Holder**

|  |   |                 |                         |                   |  |   |   |  |  |   |  |  |  |  |
|--|---|-----------------|-------------------------|-------------------|--|---|---|--|--|---|--|--|--|--|
| <b>A. Name</b>   |   |                 |                         |                   |  |   |   |  |  |   |  |  |  |  |
|  | <b>(First /Given*)</b>  | <b>(Middle)</b> | <b>(Last/ Surname*)</b> |                   |  |   |   |  |  |   |  |  |  |  |
| <b>B. Residence Address</b><br>(This address is your current residential address and can be different from permanent address). | House/Apt/Suite Name*   | Number*         | Street*                 | Town/ City*       |  |   |   |  |  |   |  |  |  |  |
|  | Province/ County/ State*  | Country*        | Postal /ZIP Code        | PO Box (if any)   |  |   |   |  |  |   |  |  |  |  |
|  | House/Apt/Suite Name  | Number          | Street                  | Town/ City        |  |   |   |  |  |   |  |  |  |  |
|  | Province/County/ State  | Country         | Postal /ZIP Code        | PO Box (if any)   |  |   |   |  |  |   |  |  |  |  |
| <b>C. Mailing Address</b><br>(please only complete if different to the address shown in Section B).                            | House/Apt/Suite Name  | Number          | Street                  | Town/ City        |  |   |   |  |  |   |  |  |  |  |
|  | Province/County/ State  | Country         | Postal /ZIP Code        | PO Box (if any)   |  |   |   |  |  |   |  |  |  |  |
|  | <table border="1"> <tr> <td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td> </tr> </table> |                 |                         |                   |  |   | - |  |  | - |  |  |  |  |
|  |   |                 | -                       |                   |  | - |   |  |  |   |  |  |  |  |
| Town or City of Birth*   |   |                 |                         | Country of Birth* |  |   |   |  |  |   |  |  |  |  |

**Part 2 – Country of Residence for Tax Purposes and related Taxpayer Identification Number or equivalent number\* (“TIN”)** \*

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder’s TIN for each country indicated.

|   | Country of Tax Residence | TIN | If no TIN available enter Reason A, B or C |
|---|--------------------------|-----|--|
| 1 |                          |     |  |
| 2 |                          |     |  |
| 3 |                          |     |  |

Note: Additional Country/ Countries of Tax Residency (if any) to be listed in a separate sheet. If your Taxpayer Identification Number (TIN) or equivalent number is unavailable, please provide the appropriate reason A, B or C where indicated below.

**Reason A** - The country where the Account Holder is liable to pay tax does not issue TINs to its residents.

**Reason B** - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason).

**Reason C** - No TIN is required. (Note: Only select this reason if the authorities of the country of tax residence provided above do not require the TIN to be disclosed).

Please explain in the following boxes why you are unable to obtain a TIN if you had selected Reason B above.

|   |  |
|---|--|
| 1 |  |
| 2 |  |
| 3 |  |

**Declarations and Signature \***

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder’s relationship with the Company setting out how it may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country in which this/ these account(s) is/ are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder (or I am authorized to sign for the Account Holder) in respect of all the account(s) to which this form relates.

I hereby declare and confirm that all information provided in this Self-Certification Form is to the best of my knowledge and belief, correct and complete in all respects.

I hereby indemnify and hold the ABL AMCL and its directors, officers, representatives and employees harmless from all costs, expenses, losses, damages, liability, penalties incurred, suffered and/or imposed on Company as a result of any suits, proceedings and/or litigation arising out of or in any manner connected with this Self Certification Form and/or the information supplied hereby.

I undertake to notify the Company within 30 calendar days if there is change in any information which I have provided to the Company.

**Name: \***

**Signature: \***

**Date: \***

|  |  |   |  |  |   |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|
|  |  | - |  |  | - |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|

**Note:** If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.

**Capacity: \***

Principal Account Holder Signature

**INSTRUCTION CRS - SELF-CERTIFICATION FORM**

Organization of Economic Cooperation and Development (OECD) has developed a common framework known as Common Reporting Standard for Automatic Exchange of Information (AEOI). Government of Pakistan has signed the Multilateral Convention on Mutual Administrative Assistance in Tax Matters of OECD to implement CRS. As per the State Bank of Pakistan BPRD Circular Letter No. 10 dated 19 April 2017 and Government of Pakistan Notification SRO No. 166/2017, ABL Asset Management Company Limited (ABL AMCL, the Company) is required to comply with the local applicable CRS requirements in accordance with relevant local laws and legally obligated to collect certain information and/ or documents from the account holders related to their tax residence and report such information and/ or documents with the appropriate tax authorities in compliance with CRS requirements applicable in Pakistan.

Under the CRS, ABL AMC is required to determine where you are a 'tax resident'. Each CRS member country (jurisdiction) has its own rules for defining tax residency. In general, you will find that tax residency is the country/ jurisdiction in which you live; however, this may not always be the case. Special circumstances may cause you to be resident elsewhere or resident in more than one country/ jurisdiction at the same time (dual residency). If you are tax resident outside the country, whereas you hold account in Pakistan, we may need to provide Federal Board of Revenue (FBR) this information, along with information relating to your accounts, maybe needed. That may then be shared with tax authorities of your tax residency/ ies country/ ies.

**Who should complete this form?**

This form is applicable for individual account holder and sole proprietor. For joint or multiple account holders, each individual shall complete a copy of the form. If you are completing this form on behalf of someone else (for e.g. minor), please ensure that you let them know that you have done so and tell us in what capacity (for e.g. guardian) you are signing.

Where you need to self-certify on behalf of an entity account holder, please fill "Entity CRS self-certification form". Similarly, if you are a controlling person of an entity, please fill in a "controlling person tax residency self-certification form" instead of this form.

In case if you have already provided information in relation to the United States Government's Foreign Account Tax Compliance Act (FATCA), you may still need to provide additional information for the CRS as this is a separate regulation.

**Self-certification Validity and Duty of Due Care** – The form will remain valid unless there is a change in circumstances relating to information, such as the account holder's tax status or other mandatory field information that makes the form incorrect or incomplete. In that case it shall be your responsibility to notify us immediately and provide an updated self-certification within 30 days of such change in circumstances. Completion of this form will ensure that ABL-AMCL holds accurate and up-to-date information about your tax residence. Your cooperation and due care will help you avoid any inconvenience that may occur due to inaccurate status reporting.

**Further Information:** If you have any questions on defining your tax residency status, please consult your professional tax consultant for advice. You can also find out more, including a list of jurisdictions that have signed agreements to automatically exchange information, along with details about the information being requested, on the [OECD Portal](#) and more information on Common Reporting Standard on FBR website <http://www.fbr.gov.pk>. Please refer provided CRS Key terms and definitions for your ready reference.

**Key Terms and Definition**

Note: These are selected definitions provided to assist you with the completion of this form. Further details can be found within the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information (the CRS"), the associated commentary to the CRS, and domestic guidance. This can be found at the following link [OECD]. If you have any questions then please contact your tax adviser or domestic tax authority.

**"Account Holder"** The Account Holder means the person listed or identified as the holder of a Financial Account by the Financial Institution that maintains the account. A person, other than a Financial Institution, holding a Financial Account for the benefit or account of another person as agent, custodian, nominee, signatory, investment advisor or intermediary is not treated as holding the account for purposes of these rules and such other person is treated as holding the account. In the case of a Cash Value Insurance Contract or an Annuity Contract, the Account Holder is any person entitled to access the Cash Value or change the beneficiary of the contract. If no person can access the Cash Value or change the beneficiary, the Account Holder is any person named as the owner in the contract and any person with a vested entitlement to payment under the terms of the contract. Upon the maturity of a Cash Value Insurance Contract or an Annuity Contract, each person entitled to receive a payment under the contract is treated as an Account Holder.

**"Controlling Person"** This is a natural person who exercises control over an entity. Where an entity Account Holder is treated as a Passive NonFinancial Entity ("NFE") then a Financial Institution must determine whether such Controlling Persons are Reportable Persons. This definition corresponds to the term "beneficial owner" as described in Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012). If the account is maintained for an entity of which the individual is a Controlling Person, then the "Controlling Person tax residency self-certification" form should be completed instead of this form.

**"Entity"** The term "Entity" means a legal person or a legal arrangement, such as a corporation, organization, partnership, trust or foundation.

**"Financial Account"** A Financial Account is an account maintained by a Financial Institution and includes: Depository Accounts; Custodial Accounts; Equity and debt interest in certain Investment Entities; Cash Value Insurance Contracts; and Annuity Contracts.

**"Participating Jurisdiction"** "Participating Jurisdiction" means a jurisdiction (i) with which an agreement is in place pursuant to which there is an obligation in place to provide the information specified in rule 78C, and (ii) which is identified in a published list to be made available on FBR's web portal.

**"Reportable Account"** The term "Reportable Account" means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person.

**"Reportable Jurisdiction"** Reportable Jurisdiction means all jurisdictions other than Pakistan and the United States of America.

**"Reportable Jurisdiction Person"** Reportable Jurisdiction Person means an individual or Entity that is resident in a Reportable Jurisdiction or an estate of a decedent that was a resident of Reportable Jurisdiction. For this purpose, an Entity such as a partnership, limited liability partnership or similar legal arrangement that has no residence for tax purposes shall be treated as resident in the jurisdiction in which its place of effective management is situated.

**"TIN" (including "functional equivalent")** The term "TIN" means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction. Further details of acceptable TINs can be found at the following link [OECD Portal].

**Note:** Some jurisdictions do not issue a TIN. However, these jurisdictions often utilize some other high integrity number with an equivalent level of identification (a "functional equivalent"). Examples of that type of number include, for individuals, a social security/ insurance number, citizen/ personal identification/ service code/ number, and resident registration number.

**4 FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA") SECTION**

This section of Account Opening Form must be completed by Individual/ Sole Proprietor Investor who wishes to open an investor account with ABL AMCL. Each Joint Holder is required to fill this section separately.

Please complete in BLOCK Letters

Name:  Country of Residence:

Country of Birth:  US Passport #  US SSN #

Please tick (✓) Yes or No for each of the following questions: US TIN #

Are your spouse/children US Resident / Citizen  Yes  No If yes, please provide Social Security & Passport No. below:

Spouse  US Passport No.  Child 1

Child 1 US Passport No.  Child 2  Child 2 US Passport No.

- Are you a US Resident? (If you have stayed in U.S. for more than 183 days in a U.S. tax year, please submit W-9 form) No  Yes
- Are you a US Citizen? No  Yes
- Are you holding a US Permanent Resident Card (Green Card)? No  Yes
- Are you registered in the US as a tax payer? No  Yes
- Standing instructions to transfer Funds to an account maintained in US No  Yes

Note: If answer to any of the above-mentioned questions is "Yes" then please complete Form W-9 "Request for Taxpayer Identification Number and Certification".

**Declaration**

- I hereby confirm that the information provided above is true, accurate and complete.
- Subject to applicable local and foreign laws, I hereby consent for ABL AMCL, the Trustee of the Collective Investment Schemes/ Voluntary Pension Schemes or any of their affiliates (including without limitation branches) to share my information with domestic and overseas tax authorities, where necessary to establish my tax liability in any jurisdiction.
- Subject to the requirements of domestic or overseas laws, I consent and agree that ABL AMCL or the Trustee of the Collective Investment Schemes/ Voluntary Pension Schemes may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.
- I hereby undertake not to initiate any proceedings against ABL AMCL and the Trustee of the Collective Investment Schemes/ Voluntary Pension Schemes in case any amounts are withheld from my account and remitted to the local or foreign authorities/regulators.
- I hereby undertake that I have not granted a Power of Attorney to a person who has an address outside Pakistan to operate the Investor Account (either physically or electronically).
- I hereby undertake that I have no intention to set up Payment Standing Instruction(s) for the banking account(s) and beneficiary account(s) in a country outside Pakistan
- I hereby undertake to notify ABL AMCL within thirty (30) calendar days in case of any change in any information whatsoever which I/ we have provided to ABL AMCL; and
- I further agree and accept that the terms and conditions as contained herein shall form part and parcel of the Account Opening Form and the terms and conditions of the Account Opening Form as well other documentation shall remain in full force and effect.

Principal Account Holder Signature/  
Left Hand Thumb Impression

WE DO NOT ACCEPT CASH. Payment to be made only in favor of the TRUSTEE through cross cheque, pay order or online transfer.

نقد رقمی قبول نہیں۔ ادا کیے صرف ٹرنش کے نام پر کریس چیک، پیے ڈریو یا آن لائن ٹرانسفر کی صورت میں کی جائیگی۔

**5 INVESTMENT DETAILS**

|   | Name of Fund | Type | Amount in PKR | Amount in Words |
|---|--------------|------|---------------|-----------------|
| 1 |              |      |               |                 |
| 2 |              |      |               |                 |

Please Note: Minimum Initial Investment is Rs. 5,000/-, Minimum Subsequent Investment is Rs. 1,000/-

• Distribution Option:  Cash Dividend  Re-invest  Bonus unit

Send Dividend & Redemption proceeds to:  Registered Address  Bank

(If bank option is selected, please provide following details)

Bank Name  Branch Name/ Branch Code

IBAN  Title of Account

• Periodic Payment:  
Periodic Payment on income units (I authorize ABL AMCL to redeem my units to pay my income at regular intervals based on the above instructions).  
Please Tick one  Monthly  Quarterly  Half Yearly  Annually

**6 PAYMENT DETAILS**

Payment Mode  Cheque  Pay Order  Online Transfer  RTGS

| Cheque No./ Pay Order No./ Online Transfer | Bank Name | Branch |
|--|-----------|--------|
|  |           |        |
|  |           |        |

For payment instructions please refer to the Guidelines section of this form.

**7 VALUE ADDED SERVICES FOR CUSTOMERS (FREE OF CHARGE)**

Please tick the value added services you want to avail:

**Daily NAV:**  E-mail  SMS  Both

**Account Statement:**  E-mail  Post

**Frequency:**  Monthly  Quarterly  Half Yearly  Annually

Note: If email address is available, e-statement will be sent on your registered email address.

**8 DECLARATION & SIGNATURE**

|  |   |                          |   |                          |
|--|---|--------------------------|---|--------------------------|
| Declaration by Investor<br>(Please mark the box if the declaration is correct) | My account has never been refused by any financial institution        | <input type="checkbox"/> | This account is not being opened on behalf of any other person                        | <input type="checkbox"/> |
|  | I am not holding a senior position in any public office*              | <input type="checkbox"/> | I am not holding a senior position in any political party/PEP*                        | <input type="checkbox"/> |
|  | I do not deal in precious metal & Stones. (Gold, Silver, Diamond etc) | <input type="checkbox"/> | I do not have any links to offshore tax haven countries                               | <input type="checkbox"/> |
|  | I am not a close associate or family member of a PEP                  | <input type="checkbox"/> | Beneficial owner (if any) is not a PEP or a close associate or family member of a PEP | <input type="checkbox"/> |

\*Includes Senior Politicians, Govt Officials, Judicial or Military Officials, Executive of SOE I Autonomous body equivalent to above

I undersigned, hereby declare that the above mention information is correct, complete and up-to-date to the best of my knowledge and belief, and I shall immediately update ABL AMCL if there is any change in such information. I have carefully read, understand and agree to abide by all the rules, regulations, terms and conditions given in the form/ constitutive documents along with details of Sales Load to be deducted (if any) and all taxes. I am fully informed and understand that investment in units of CIS(s) are not bank deposit, not guaranteed and not issued by any person. Shareholders of ABL AMCL are not responsible for any loss to investor resulting from the operations of any CIS launched by ABL AMCL unless otherwise mentioned I certify that I have the power and authority to establish this account and the features and services requested and that the authorizations hereon shall continue until any written notice of a modification or a termination signed by all appropriate parties I have understood that investments in mutual funds are subject to market risks and fund prices may go up or down based on market conditions. I have understood that past performance is not necessarily an indicator of future results and there is no fixed or guaranteed return. I acknowledge and accept that the ABL AMCL reserves the right to close or suspend without prior notice, my account if required document information is not submitted within stipulated time. I will not claim Repatriation from Pakistan of Dividends and Sale proceeds of the units except as permissible under the Rules of the State Bank of Pakistan or Ministry of Finance, Government of Pakistan. The details provided by me are true, correct and complete to the best of my knowledge and belief, and the documents submitted along with this application are genuine. I hereby acknowledge having read and understood the relevant Trust Deed(s) and Offering Document(s) and guidelines (on the front of this Form) that govern this transaction and further acknowledge having understood the risks involved and I agree to abide by the terms and conditions therein. I shall not use this account to support finance any unlawful activity like money laundering, terrorist financing and I shall update the ABL AMCL about any changes in my mailing address/ contact information and/ or any change in any of the information furnished in this account opening form viz: nature of business, source of income, in compliance with NBFC regulations & AMLCFT Regulations and AMC's own internal control requirements from time to time. I further agree to provide proper evidence/ proof of income to the ABL AMCL at any point of time, if required, which are arriving in my above account I hereby provide my consent for account opening and using the information/documents provided to perform KYC related verification for necessary due diligence, including verification of the identity from NADRA (NADRA verisys) by ABL Asset Management Company Limited as required under the regulatory framework of account opening. I acknowledge that I have read the Key Fact Statement at the time of investment, and I have read and understood the terms and conditions to the best of my knowledge and have retained copy of the same

اس دستخط کے ذریعے میں مطلع کرتا ہوں کہ مذکورہ بالا معلومات میرے علم کے مطابق درست، مکمل اور تازہ ترین ہیں، اور اگر اس معلومات میں کوئی تبدیلی ہوتی ہے تو میں ABLAMCL کو فوری مطلع کرونگا۔ میں نے اس فارم میں دیے گئے تمام قوانین، شرائط و ضوابط بشمول سبز لوڈ بمبہ تمام ٹیکس کی کوٹنگی کے بارے میں دی گئی تفصیلات کو احتیاط سے پڑھا اور سمجھا اور اس کی مکمل باسنداری کرنے پر اتفاق کیا۔ میں یہ سمجھتا ہوں کہ CIS(s) کے یونٹس میں سرمایہ کاری بینک ڈپازٹ نہیں ہے، مذہبی اعلیٰ ضمانت ہے اور یہ کسی شخص کی طرف سے جاری کیے گئے ہیں۔ ABLAMCL کے ذرا نظام کی بھی CIS کی کارکردگی کے نتیجے میں سرمایہ کار کو ہونے والے کسی نقصان کے ذمہ داری ABLAMCL کے شیئر ہولڈرز کی نہیں ہے۔ بشرطیکہ اس کا ذکر کیا جائے۔ میں تصدیق کرتا ہوں کہ اس اکاؤنٹ اور اس کی خصوصیات اور درخواست کی گئیں خدمات کو قائم رکھنے کی استطاعت اور اختیار رکھتا ہوں اور اس میں دیے گئے تمام اختیارات کو اس وقت تک جاری رکھتا ہوں جب تک تمام موزوں پارٹیز کی جانب سے اس میں ترمیم کی تحریری اطلاع یا مستوفی پر دستخط نہ کر دئے جائیں۔ میں یہ بات سمجھتا ہوں کہ سیویچول فنڈز پر مارکیٹ کے خدشات اثر انداز ہوتے ہیں اور اس کی کارکردگی مارکیٹ کی کارکردگی پر منحصر ہے نیز یہ فنڈز کی قیمتیں مارکیٹ کے مطابق بھی ہوں اور کسی بھی وقت اور پر یا نیچے جاسکتی ہیں۔ میں یہ بات سمجھتا ہوں کہ ماضی کی کارکردگی کسی بھی لحاظ سے مستقبل کے نتائج کی ضمانت نہیں ہے اور اس میں کسی بھی قسم کا گنڈا مخصوص منافع یا اس کی ضمانت نہیں ہے۔ میں تسلیم کرتا ہوں کہ اگر میں ضروری دستاویزات / معلومات مقررہ وقت تک جمع نہیں کروا سکا تو ABLAMCL یہ اختیار رکھتا ہے کہ میرا اکاؤنٹ بند یا منجمد کر دے۔ میں منافع اور یونٹس کی فروخت سے حاصل ہونے والی رقم کو پاکستان سے واپس لے کر نہیں جاؤں گا بشرطیکہ اسے اسٹیٹ بینک آف پاکستان یا وزارت خزانہ، حکومت پاکستان کی طرف سے جائز قرار دیا جائے۔ میرے ذریعے فراہم کردہ تفصیلات میرے علم کے مطابق درست اور مکمل ہیں، اور اس درخواست کے ساتھ جمع کرائی گئی دستاویزات حقیقی ہیں۔ میں نے لین دین سے متعلقہ ٹرسٹ ڈیٹ اور ڈیکلاریشن والے دستاویزات میں درج شرائط و ضوابط اور رہنمائی کے اصولوں (اس فارم کے سامنے) کو احتیاط سے پڑھا اور سمجھا ہے۔ میں اس میں شامل خطرات کو تسلیم کرتا ہوں اور شرائط کی پابندی کرنے سے اتفاق کرتا ہوں۔ میں یہ قرار کرتا ہوں کہ اس اکاؤنٹ کو کسی غیر قانونی مقاصد کے لئے استعمال نہیں کرواؤں گا اور اس میں ABLAMCL کو میرے اس فارم میں فراہم کی گئی معلومات میلنگ ایڈریس / رابطہ میں اگر کوئی تبدیلی واقع ہوتی ہے تو بروقت مطلع کروں گا یعنی کاروبار کی نوعیت یا آمدنی کا ذریعہ، NBFC کی ریگولیشن اور AML/CFT کی ریگولیشن اور AMC کے اندرونی کنٹرول ریکورڈز منجملہ میں فراہم کروں گا۔ میں اقرار کرتا ہوں کہ میری آمدنی کے ذرائع سے متعلقہ معلومات / اثبات اگر ABLAMCL کو چاہے ہوگا تو میں بروقت فراہم کروں گا جسکی میں نے تصدیق اس میں کی ہے۔ میں ABLAMCL میں اکاؤنٹ کھولنے اور KYC سے متعلقہ تصدیق اور مطلق یا احتیاطی یا خاطر فراہم کردہ معلومات / دستاویزات کو استعمال کرنے کے لیے اپنی رضامندی ظاہر کرتا ہوں۔ اس میں اکاؤنٹ کھولنے کے ریگولیشنری ضابطہ کار کے تحت ABLAMCL کو (NADRA (NADRA Verisys سے شناخت کی تصدیق بھی شامل ہے۔ میں تسلیم کرتا ہوں کہ میں نے سرمایہ کاری کے وقت KFS پڑھا ہے، اور میں نے اپنی بہترین معلومات کے مطابق شرائط و ضوابط کو پڑھا اور سمجھا ہے اور اس کی کاپی اپنے پاس رکھی ہے۔

|                                    |            |                        |  |
|------------------------------------|------------|------------------------|--|
| Principal Account Holder Signature |            | Investor's Signature   |  |
| Sales Load (A) and all Taxes       | Rebate (B) | Net Load Charged (A-B) |  |

**9 SPECIMEN SIGNATURE**

|   |   |
|---|---|
| 1. Name _____<br><br>Signature: <input style="width: 100%;" type="text"/> | 2. Name _____<br><br>Signature: <input style="width: 100%;" type="text"/> |
| 3. Name _____<br><br>Signature: <input style="width: 100%;" type="text"/> | 4. Name _____<br><br>Signature: <input style="width: 100%;" type="text"/> |

**10 UNDERTAKING**

**Undertaking by Investor**

I \_\_\_\_\_ hereby undertake that the risk associated with the respective product has been adequately explained, disclosed and understood by me.

/  -  /  -   
 Dated

Principal Account Holder Signature

**Undertaking by Sales Agent**

I \_\_\_\_\_ hereby confirm the following:

I have explained the risk of the fund \_\_\_\_\_ being sold to the -investor. I have explained that the possibility of principal being at risk is higher in case of high risk funds. I have not made or implied any guarantee with respect to return on investment amount. I have not quoted any fixed return percentage or amount to the investor.

Signature of Sales Agent

Dated  /  -  /  -

Name & Signature of Immediate Supervisor

Dated  /  -  /  -

**11 ABLAMCL SALES STAFF/ DISTRIBUTOR / FACILITATOR INFORMATION (For Office Use Only)**

|  |  |  |
|--|--|--|
| ABL AMCL Sales Staff/Distributor/Investment Faciliator Name<br><input style="width: 100%; height: 60px;" type="text"/> | Branch Code<br><input style="width: 100%; height: 60px;" type="text"/> | ABL Branch's Staff Name<br><input style="width: 100%; height: 60px;" type="text"/> |
| Authorised Signature of ABL AMCL<br>Sales Staff / Distributor / Investment facilitator                                 | ABL Branch Stamp with two officers' signature                          |  |

**12 FOR ABL AMCL OFFICE USE ONLY**

|   |  |   |
|---|--|---|
| Transaction Date <input style="width: 150px;" type="text"/>                 | Transaction No. <input style="width: 200px;" type="text"/>   | Originator Staff No. <input style="width: 150px;" type="text"/> |
| (DD - MM - YY)  |  |   |
| Data Input by <input style="width: 200px;" type="text"/>                    | Form Received on: <input style="width: 200px;" type="text"/> | <input style="width: 200px;" type="text"/>                      |
| Data and attachments verified by <input style="width: 200px;" type="text"/> | Signature Operations Department                              |   |

**Get in Touch**

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- 042-111-225-262**      Website : [www.ablfunds.com](http://www.ablfunds.com)
- [contactus@ablfunds.com](mailto:contactus@ablfunds.com)

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