

Account Opening Form - Mutual Funds

Form 1

For Individuals

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

General Instructions

1. Fill the form in block letters and in legible handwriting to avoid errors in application processing. If any alteration is made, a countersign is mandatory.
2. Fill the form yourself or get it filled in your presence Do not sign and/or submit blank forms.
3. Please tick in the appropriate box wherever applicable, in case any field is not relevant, please mark 'N/A' (Not Applicable).
4. 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 the Funds.
5. Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled.
6. Applications complete in all respects and carrying necessary documentary attachments should be submitted at any branch of Allied Bank, Authorized Distributor, or courier them at ABL AMCL's Office: 48, Block- L, DHA Phase VI, Near Defence Raya Golf Club, Lahore.
7. For more information about our products and services, call us at 042-111-225-262 or email at contactus@ablmc.com.

Guidelines

1. Cash/third party instrument will not be accepted.
2. Payment can be made in the form of cheque, online transfer, demand draft, pay order , RTGS etc.
3. Please refer to the Investment Form for the name and type of fund. Instrument should be crossed 'Account Payee Only'.
4. If payment instrument is returned, the unpaid application will be rejected.
5. It should be the responsibility of the applicant to pay all charges and taxes in relation to the units purchased by him/her.
6. Applications by foreign nationals and non-resident individuals shall be accepted subject to existing laws provided the subscription amount is paid by means of a remittance through banking channels or through means permitted by the State Bank of Pakistan (SBP).
7. Front-end load (charges) and all taxes will be applicable on investment and Fund to Fund as per the constitutive documents of the Fund.
8. Application will be processed as per cut-off timings of the Fund.
9. Units will be allocated after deduction of applicable load (charges) and all taxes.
10. In case of Joint Account Holder(s), please fill separate Account Opening Form and submit other relevant documents.
11. Back-end load (charges) will be applicable on Fund to Fund / Conversion / 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.
- The units held will be redeemed at the redemption price applicable on the date of submission of request (as per applicable cut off timings) and payment will be made within 6 Business days.

DOCUMENT CHECKLIST

Individual/Joint Account/Minor

<input type="checkbox"/>	Documents as per Annexure-I of AML/CFT Regulations, 2020	<input type="checkbox"/>	Proof of Excessive Fund (Where Applicable)
<input type="checkbox"/>	Source(s) of Income/Fund	<input type="checkbox"/>	W9 (Where Applicable)
<input type="checkbox"/>	Proof of Income	<input type="checkbox"/>	Zakat Declaration (CZ-50), if applicable
<input type="checkbox"/>	Business Proof (if self-employed)	<input type="checkbox"/>	Visit Report (Where Applicable)

We do not accept cash. Payment to be made only in favor of the TRUSTEE through cross cheque, pay order or online transfer.

نقدہم قابل قبول نہیں۔ ادا کی گئی صرف برائے نام پر اس کی چیک، پیہ آرڈر یا آن لائن ٹرانسفر کی صورت میں کی جائیگی۔

1 TYPE OF ACCOUNT

Single Joint Minor

2 PRINCIPAL ACCOUNT HOLDER DETAILS

Applicant Status Principal Account Holder Joint Account Holder
Name (Mr./Ms./Mrs.) Mother Maiden Name CNIC/NICOP No. Marital Status Passport No. Gender Male Female Date of Birth Zakat Deduction Residential Status Residential Address City Country Email Address Fax Land Line Mobile Occupation Service Self-employed Other Employer/Business Name Employer/ Business Address Correspondence to be sent Name of Ultimate Beneficial Owner (if any) CNIC / NICOP No. Occupation PEP (Foreign/Domestic) Place of Birth

3 GUARDIAN INFORMATION (IN CASE OF MINOR APPLICANT)

Name of Guardian Relationship with minor Guardian CNIC/NICOP/ Passport No. Expiry Date

4 INFORMATION ABOUT JOINT ACCOUNT HOLDER (IF ANY)

1. Name(Mr./Ms./Mrs.) Specimen Signature CNIC / NICOP / Passport Expiry Date Relation
2. Name(Mr./Ms./Mrs.) Specimen Signature CNIC / NICOP / Passport Expiry Date Relation
3. Name(Mr./Ms./Mrs.) Specimen Signature CNIC / NICOP / Passport Expiry Date Relation
4. Name(Mr./Ms./Mrs.) Specimen Signature CNIC / NICOP / Passport Expiry Date Relation

We do not accept cash. Payment to be made only in favor of the TRUSTEE through cross cheque, pay order or online transfer.

تقدّم قابل قبول نہیں۔ ادائیگی صرف ٹرنٹی کے نام پر کراس چیک، پی او آر یا آن لائن ٹرنٹی کے ذریعہ کرنی چاہیے۔

5 INFORMATION ABOUT NEXT OF KIN (NOT APPLICABLE IN CASE OF JOINT HOLDING)

Name (Mr./Ms./Mrs.)	Relationship with Account Holder	Address	Mobile No./Emergency Contact No.	CNIC/NICOP/Passport Details
				Issuance Date: [] - [] - [] - [] - [] - [] Expiry Date: [] - [] - [] - [] - [] - []

(Please provide a copy of valid CNIC of next of kin)

6 PRIMARY BANK ACCOUNT DETAILS OF INVESTOR

Bank Name: [] Branch Name / Branch Code: []
 IBAN: []
 Title of Account: []

7 ACCOUNT OPERATING INSTRUCTIONS

Principal Account Holder only
 Jointly (any two signatories)
 Jointly (All)
 Either or Survivor

8 INVESTMENT DETAILS

Growth Units:
 The Unit value grows in line with the growth in the NAV, and the Units Holders shall have the option to receive distribution in come in the form of cash or re-investment, as and when declared.

Distribution Option: Cash Dividend Re-invest Bonus unit

Send Dividend & Redemption proceeds to: Registered Address Bank

Income Units: (where applicable)

Flexible Income Plan (Income based on performance of the fund).
 Fixed Income Plan (Income based on requirement of the investor), please specify amount in Rs. _____
 (Please note that in case of fixed income plan if the income required exceeds income earned on the fund, the principal invested may deplete over time).

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

9 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 Do not send / Hold mail **Frequency:** Monthly Quarterly Half Yearly Annually

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

10 KNOW YOUR CUSTOMER (KYC) - MANDATORY

Please provide the following information as required by Anti Money Laundering & Counter Terrorist Financing Regulations 2020.

Residential Status	Resident Pakistani	Non Resident Pakistani	In case of US (Refer section 13)	Foreign National (Refer Section 12)			
Only for Foreign Nationals	Nationality: []						
	Do you belong to countries where KYC/AML regulations are negligent			Yes No			
Source of Fund (Please attach supporting documents. Multiple options can be selected)	<input type="checkbox"/> Salary/Wages <input type="checkbox"/> Commission Income <input type="checkbox"/> Home Remittance <input type="checkbox"/> Inheritance <input type="checkbox"/> Agriculture Income <input type="checkbox"/> Investment	<input type="checkbox"/> Business/ Self Employed (Please Specify) _____ <input type="checkbox"/> Other (Please Specify) _____	Name and Address of Employer in case of Salaried class: _____				
Annual Income (PKR)	Up to 1 Million	Up to 2 Million	Up to 4 Million	Up to 6 Million	Up to 8 Million	Up to 10 Million	Over 10 Million
Expected Investment Amount (PKR)	Up to 1 Million	Up to 2 Million	Up to 4 Million	Up to 6 Million	Up to 8 Million	Up to 10 Million	Over 10 Million
Expected Investment per Transactions (rupees)	[]		Expected No. of sale Transactions/ per month	[]			
Nature of Business (Applicable for Self-Employed)	Geographies Involved		<input type="checkbox"/> Domestic <input type="checkbox"/> Ex-FATA <input type="checkbox"/> International				
Declaration by Investor (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 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/ Autonomous body equivalent to Grade 21 or above.

Declaration

I/we undersigned, hereby declare that the above mentioned information is correct, complete and up-to-date to the best of my knowledge and belief, and I/ we shall immediately update ABL AMCL if there is any change in such information.
 I hereby assure to ABL AMCL that the proceeds invested in the Fund(s) are not derived from money laundering or illegal activities and the source of funds declared in this Form is true and correct to the best of my knowledge and belief.

*Risk Category: High Medium Low

*To be filled by the concerned sales representative under the given guideline in applicable laws related to KYC & AML/CFT Regulation 2020.

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	Your Investment Horizon	2	Primary Investment Objective	3	Your Risk Tolerance
<input type="checkbox"/>	Less than or equal to 1 year	1	<input type="checkbox"/>	Preserving Capital	1
<input type="checkbox"/>	Greater than 1 year but less than 3 years	2	<input type="checkbox"/>	Regular Income	2
<input type="checkbox"/>	Greater than 3 years but less than 5 years	3	<input type="checkbox"/>	Capital growth	3
<input type="checkbox"/>	Greater than 5 years	4	<input type="checkbox"/>	Highest Potential Return	4
	Score		Score		
<p>3 Your Risk Tolerance</p> <p>Low Risk: Cut losses immediately and liquidate all investments. Capital preservation is paramount.</p> <p>Medium Risk: Cut your losses and transfer investments to safer asset classes.</p> <p>High Risk: You are ok with volatility and accept decline in portfolio value as a part of investing. You would keep your investments as they are.</p> <p>Very High Risk: 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.</p>					
4	Age in (years)	5	Level of Understanding & Knowledge	6	Of my Current Income, I am able to save up to:
<input type="checkbox"/>	Above 60 years	1	<input type="checkbox"/>	Less / Limited Knowledge	1
<input type="checkbox"/>	Between 46 to 60 years	2	<input type="checkbox"/>	Average	2
<input type="checkbox"/>	Between 31 to 45 years	3	<input type="checkbox"/>	Good	3
<input type="checkbox"/>	Between 18 to 30 years	4	<input type="checkbox"/>	Expert	4
	Score		Score		
<p>6 Of my Current Income, I am able to save up to:</p> <p><input type="checkbox"/> <=5%</p> <p><input type="checkbox"/> 6% to 10%</p> <p><input type="checkbox"/> 11% to 25%</p> <p><input type="checkbox"/> > 25%</p>					
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"/>	PKR 100,001-500,000	2	<input type="checkbox"/>	PKR 100,001-500,000	2
<input type="checkbox"/>	PKR 500,001-1,500,000	3	<input type="checkbox"/>	PKR 500,001-1,500,000	3
<input type="checkbox"/>	More than PKR 1,500,000	4	<input type="checkbox"/>	More than PKR 1,500,000	4
	Score		Score		
<p>9 Current Liabilities or Borrowings</p> <p><input type="checkbox"/> More than PKR 1,500,000</p> <p><input type="checkbox"/> PKR 500,001 - 1,500,000</p> <p><input type="checkbox"/> PKR 100,001 - 500,000</p> <p><input type="checkbox"/> Up to PKR 100,000</p>					

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

Your Portfolio	Score	Risk Profile	Category of CIS Plan	Fund / Plan Name
	9 - 15	Low	Money Market Scheme, Shariah Compliant Money Market Scheme, Capital Protected Scheme (Non-Equity)	ABL Cash Fund, ABL Islamic Cash Fund, ABL Special Saving Fund (ABL Special Savings Plan – II, III, V, VI)
	16 - 22	Moderate	Income Scheme	ABL Government Securities Fund
	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 Islamic Asset Allocation Fund, ABL FPF (Conservative Allocation), ABL IFPF (Conservative Allocation), ABL AMC Financial Planner - (Moderate Plan, Dynamic Plan)
	30 - 36	High	Asset Allocation Scheme, Equity Scheme, Shariah Compliant Equity Scheme, Fund of Fund Scheme, Shariah Compliant Fund of Fund Scheme	Allied Finergy Fund, ABL Stock Fund, ABL Islamic Stock Fund ABL FPF (Active Allocation), ABL IFPF (Active Allocation, Aggressive Allocation), ABL AMC Financial Planner - Aggressive Plan

Declaration

I/ we understand that this risk profiling questionnaire will help me/ us assess my/ our risk appetite based on the information provided by me/ us. I am/ we are aware that my/ our financial needs may change over time depending on my/ our personal and situation objectives. I/ we shall be solely responsible for all of my/ our current and future investment, conversion and transfer transactions if these transactions are not in accordance with my/ our above-mentioned risk profiling results. I/ we 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 / Joint Account Holder Signature

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

A. Name													
	(First /Given*)	(Middle)	(Last/ Surname*)										
B. Residence Address (This address is your current residential address and can be different from permanent address).	House/Apt/Suite Name*	Number*	Street*										
	Province/ County/ State*	Country*	Postal /ZIP Code										
	PO Box (if any)												
C. Mailing Address (please only complete if different to the address shown in Section B).	House/Apt/Suite Name	Number	Street										
	Province/County/ State	Country	Postal /ZIP Code										
	PO Box (if any)												
D. Date of Birth	<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>					-			-				
		-			-								
E. Place of Birth:	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/ we understand that the information supplied by me/ us 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/ us.

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

I/ we 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/ we 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/ we 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: *

We do not accept cash. Payment to be made only in favor of the TRUSTEE through cross cheque, pay order or online transfer.

تقدیم ہمارے قبول نہیں۔ ادا ہونے پر کراس چیک، پی او آر یا آن لائن ٹرانسفر کی صورت میں کی جائے گی۔

INSTRUCTIONS 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/I/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. 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](http://www.oecd.org) 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.

13 FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) SECTION

This section of Account Opening Form must be completed by Individual 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 #

US TIN #

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

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.

1. 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

2. Are you a US Citizen? No Yes

3. Are you holding a US Permanent Resident Card (Green Card)? No Yes

4. Are you registered in the US as a tax payer? No Yes

5. Standing instructions to transfer Funds to an account maintained in US

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

1. I/we hereby confirm that the information provided above is true, accurate and complete.

2. Subject to applicable local and foreign laws, I/we 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.

3. Subject to the requirements of domestic or overseas laws, I/we 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.

4. I/we 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.

5. I/we 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).

6. I/we 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

7. I/we 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

8. I/we 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.

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.

تقدیم ہمارے قبول نہیں۔ ادائیگی صرف ٹریسٹے کے نام پر کراس چیک، پیہ آرڈر یا آن لائن ٹرانسفر کے ذریعہ کرنی چاہیے۔

I / we 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. 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 certify that I/ we 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/ we hereby accept that the company may at any time in the future require verification before processing any requested transaction in this account; the verification procedures may include recording instructions, requiring certain identifying information before acting upon instructions and sending written confirmations. With respect to the value added services offered by ABL AMCL, I/ we waive and discharge the company fully from any delay due to breakdown or sending of such services, beyond reasonable control of the company, and understand that ABL AMCL may at its absolute discretion, discontinue any of the services completely or partially without any notice to me/ us. I/ we 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/ we have understood that past performance is not necessarily an indicator of future results and there is no fixed or guaranteed return. I/ we acknowledge and accept that the ABL Asset Management Company Limited reserves the right to close or suspend without prior notice, my account if required document/ information is not submitted within stipulated time.

I/ we shall not use this account to support/ finance any unlawful activity like money laundering, terrorist financing and I/ we shall update the ABL AMCL about any changes in my/ our 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 & AML/CFT Regulations and AMC's own internal control requirements from time to time.

I/ we 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.

میں/ ہم نے اس فارم میں دینے گئے تمام قوانین، شرائط و ضوابط بشمول سبز لوڈ بمود تمام ٹیکس کی کوٹنی کے بارے میں دی گئی تفصیلات کو احتیاط سے پڑھا اور سمجھا اور ان کی مکمل پاسداری کرنے پر اتفاق کیا۔ میری/ ہماری جانب سے فراہم کی گئیں تمام تفصیلات میرے/ ہمارے علم اور یقین کے لحاظ سے بالکل صحیح، درست اور مکمل ہیں اور ان درخواست کے ساتھ جمع کرائے گئے تمام دستاویزات اصلی ہیں۔ میں/ ہم تصدیق کرتا/ کرتی ہوں کہ میں/ ہم اس کاؤنٹ اور اس کی خصوصیات اور درخواست کی گئیں خدمات کو قائم رکھنے کی استطاعت اور اختیار رکھتا ہوں/ رکھتے ہیں اور انہیں دینے گئے تمام اختیارات کو اس وقت تک جاری رہنا چاہیے جب تک تمام موزوں پارٹنرز کی جانب سے انہیں ترمیم کی تحریری اطلاع یا منسوخی پر دستخط نہ کر دیے جائیں۔ میں/ ہم بذریعہ قبول کرتا ہوں/ کرتے ہیں کہ کچھ مستقبل قریب میں جب چاہے مذکورہ اکاؤنٹ میں درخواست کیے گئے لین دین پر کارروائی سے قبل چاہے تصدیق کر سکتی ہے۔ تصدیق کے طریقہ کار میں ہدایات کو محفوظ کرنا، ہدایات پر عمل سے قبل کسی معلومات کی نشاندہی اور تحریری توثیق نامہ بھیجنا شامل ہیں۔ کچھ کی جانب سے پیش کردہ قدر افزاء خدمات کے سلسلے میں میں/ ہم کچھ کی کو ایسی تمام خدمات میں کسی غلطی (جو کہ کچھ کی کا اختیار سے ماوراء ہو) کی وجہ سے تاخیر یا غیر فعالی کی صورت میں مکمل طور پر بری لیمزہ قرار دیتا ہوں/ دیتے ہیں اور سمجھتا ہوں/ سمجھتے ہیں کہ کچھ کی اپنی صوابدید پر مجھے/ ہمیں بغیر کوئی اطلاع دیے ایسی کسی بھی خدمت کو مکمل یا جزوی طور پر منقطع کر سکتی ہے۔

میں/ ہم یہ بات سمجھتا ہوں/ سمجھتے ہیں کہ میوچل فنڈز پر مارکیٹ کے خدشات اثر انداز ہوتے ہیں اور اس کی کارکردگی مارکیٹ کی کارکردگی پر منحصر ہے نیز یہ کہ فنڈز کی قیمتیں مارکیٹ کے مطابق کبھی بھی اور کسی بھی وقت اوپر اڑنے چکے جاسکتے ہیں۔ میں یہ بات سمجھتا/ سمجھتی ہوں کہ ماضی کی کارکردگی کسی بھی لحاظ سے مستقبل کے نتائج کی ضمانت نہیں ہے اور اس میں کسی بھی قسم کا قلمبند/خصوص منافع یا اسکی ضمانت نہیں ہے۔ میں/ ہم یہ تسلیم کرتا ہوں/ کرتے ہیں کہ اگر میں/ ہم ضروری دستاویزات/ معلومات مقررہ وقت تک جمع نہ کروا سکا تو **ABL Asset Management Company Limited** یہ اختیار رکھتا ہے کہ میرا/ ہمارا اکاؤنٹ پیشگی اطلاع کے بغیر بند یا معطل کر دے۔

میں/ ہم یہ قرار کرتے ہیں کہ اس اکاؤنٹ کو کسی غیر قانونی جیسے کہ منشی لائڈ رنگ اور دہشت گردی جیسی کارروائی میں استعمال نہیں کریں گے اور میں/ ہم ABL AMCL کو میرے/ ہمارے اس فارم میں فراہم کی گئی معلومات میں تگ اڈریس/ رابطہ میں اگر کوئی تبدیلی واقع ہوتی ہے تو بروقت مطلع کر دیا جائے گا یعنی کاروباری نوعیت، آمدنی کا ذریعہ، NBFC کی ریکولیشن اور AML/CFT ریکولیشن اور ایبٹ پیمنٹ کچھ کی کے اندونی کنٹرول ریکویزمنٹ کی تعمیل میں فراہم کروں گا۔

میں/ ہم اقرار کرتے ہیں کہ میری/ ہماری آمدنی کے ذرائع سے متعلق معلومات/ ثبوت اگر ABL AMCL کو چاہیے ہوگا تو میں/ ہم بروقت فراہم کروں گا/ کریں گے جسکی میں/ ہم نے تصدیق اس فارم میں کی ہے۔

Principal / Joint Account Holder Signature	Signature	Signature	Signature	Signature

Specimen Signature Card

Specimen Signature Card

ABLAMCL SALES STAFF/ DISTRIBUTOR / FACILITATOR INFORMATION (FOR OFFICE USE ONLY)

ABL AMC Sales Staff/Distributor/Investment Faciliator Name	Branch Code	ABL Branch's Staff Name
Authorized Signature of ABL AMC Sales Staff / Distributor / Investment faciliator	ABL Branch Stamp with two officers' signature	

FOR ABL AMC OFFICE USE ONLY

Transaction Date	Transaction No.	Originator Staff No.
(DD - MM - YYYY)		
Data Input by	Form Received on:	
Data and attachments verified by		
		Signature Operations Department

Initial Investment Form

1 INVESTOR DETAILS (IN BLOCK LETTERS)

Investor Name:

CNIC/NCOP/Passport No. (In case of Individual) NTN (In case of corporate client)

2 INVESTMENT DETAILS

	Name of Fund	Type	Amount in PKR	Amount in Words
1				
2				
3				
4				

Please select recommended fund as per your Risk Profiling Score From Section 11

3 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.

4 RISK PROFILE OF CIS/ PLANS

Fund / Plan Name	Risk Profile	Risk of Principal Erosion
ABL Cash Fund ABL Islamic Cash Fund ABL Special Savings Fund (ABL Special Savings Plan II, III, V, VI)	Low	Principal at Low Risk
ABL Government Securities Fund	Moderate	Principal at Moderate Risk
ABL Income Fund ABL Islamic Income Fund ABL FPF (Conservative Allocation) ABL IFPF (Conservative Allocation) ABL Islamic Asset Allocation Fund	Medium	Principal at Medium Risk
ABL FPF (Active Allocation) ABL IFPF (Active Allocation, Aggressive Allocation) ABL Stock Fund ABL Islamic Stock Fund Allied Finergy Fund	High	Principal at High Risk

5 DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(S)

I/we 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. I/we have carefully read, understand and agree to abide by all the rules, regulations, relevant Trust Deed(s), Offering Documents, guidelines (on the back of this form) that govern this transactions, terms and conditions given in the form / constitutive documents along with details of Sales Load to be deducted (if any) including taxes. I/we am/are 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 funds are not responsible for any loss to investor resulting from the operations of any CIS launched by ABL Funds unless otherwise mentioned. I/we have understood that past performance of the fund is not necessarily an indicator of future results and there is no fixed or guaranteed return. I/we acknowledge and accept that ABL AMCL reserves the right to close or suspend without prior notice, my/our account if required document/ information is not submitted within stipulated time. I/we understand that this CIS Risk Categorization will help me/us assess my/our risk appetite. I am/ we are aware that my/our financial needs may change over time depending on my/our personal and situation objectives. I/we shall be solely responsible for all of my/our current and future investment transactions. 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.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Signature	Signature	Signature
Sales Load (A) and all Taxes	Rebate (B)	Net Load Charged (A-B)	Investor's Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

We do not accept cash. Payment to be made only in favor of the TRUSTEE through cross cheque, pay order or online transfer. نقد رقم قابل قبول نہیں۔ ادائیگی صرف نمونہ کے نام پر کریڈٹ یا چیک، پی آر آر یا آن لائن ٹرانسفر کی صورت میں کی جائیگی۔

We do not accept cash. Payment to be made only in favor of the TRUSTEE through cross cheque, pay order or online transfer.

تقدیر قابل قبول نہیں۔ ادائیگی صرف ٹرنٹی کے نام پر کراس چیک، پی او آر یا آن لائن ٹرانسفر کی صورت میں کی جائے گی۔

6	NAME OF COLLECTIVE INVESTMENT SCHEME	ACCOUNT PAYEE TITLE
-	ABL Cash Fund	CDC Trustee ABL Cash Fund
-	ABL Special Savings Fund (ABL Special Savings Plan - II)	CDC Trustee ABL Special Saving Plan - II
-	ABL Special Savings Fund (ABL Special Savings Plan - III)	CDC Trustee ABL Special Saving Plan - III
-	ABL Special Savings Fund (ABL Special Savings Plan - V)	CDC Trustee ABL Special Saving Plan - V
-	ABL Special Savings Fund (ABL Special Savings Plan - VI)	CDC Trustee ABL Special Saving Plan - VI
-	ABL Government Securities Fund	CDC Trustee ABL Government Securities Fund
-	ABL Income Fund	CDC Trustee ABL Income Fund
-	ABL Financial Planning Fund (Conservative Allocation)	MCBFSL Trustee ABL Financial Planning Fund Conservative Allocation Plan
-	ABL Financial Planning Fund (Active Allocation)	MCBFSL Trustee ABL Financial Planning Fund Active Allocation Plan
-	ABL Stock Fund	CDC Trustee ABL Stock Fund
-	Allied Finergy Fund	CDC Trustee Allied Finergy Fund

	NAME OF COLLECTIVE INVESTMENT SCHEME	ACCOUNT PAYEE TITLE
-	ABL Islamic Cash Fund	CDC Trustee ABL Islamic Cash Fund
-	ABL Islamic Income Fund	CDC Trustee ABL Islamic Income Fund
-	ABL Islamic Financial Planning Fund (Conservative Allocation)	MCBFSL TRUSTEE ABL ISLAMIC Financial Planning Fund CONSERVATIVE
-	ABL Islamic Asset Allocation Fund	MCBFSL Trustee ABL Islamic Asset Allocation Fund
-	ABL Islamic Financial Planning Fund (Active Allocation)	MCBFSL TRUSTEE ABL ISLAMIC Financial Planning Fund ACTIVE
-	ABL Islamic Financial Planning Fund (Aggressive Allocation)	MCBFSL TRUSTEE ABL ISLAMIC Financial Planning Fund AGGRESSIVE
-	ABL Islamic Stock Fund	MCBFSL Trustee ABL Islamic Stock Fund

7 RISK DISCLOSURE STATEMENT

To be filled by the Investor

I/ we confirm that I am/ we are investing in _____ Fund and the risk level of this fund is mentioned in section 4. I/ we confirm that I/ we will not hold ABL AMCL responsible for any loss which may occur as a result of my decision. I/ we further agree that ABL AMCL has advised us to select a specific fund category as per my/ our risk profile. However, I/ we reserve the discretion to invest in any other fund category. I/ we further confirm that I/ we have read the Fund Manager Report, Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern these Investment transactions.

میں/ ہم اس بات کی تصدیق کرتے ہیں کہ میں/ ہم _____ فنڈ میں سرمایہ کاری کر رہے ہیں اور اس فنڈ کے ریسک لیول کا ذکر سیکشن ۴ میں کیا گیا ہے۔ میں/ ہم اس بات کی تصدیق کرتے ہیں کہ میں/ ہم اے بی ایل اے ایم سی ایل کو کسی بھی نقصان کیلئے ذمے دار نہیں ٹھہرائیں گے جو میرے/ ہمارے فیصلے کے نتیجے میں ہو سکتا ہے۔ میں/ ہم مزید اتفاق کرتے ہیں کہ اے بی ایل اے ایم سی ایل نے میرے/ ہمارے ریسک پروفائل کے مطابق ایک مخصوص فنڈ/ پلان کی تجویز پیش کی ہے۔ تاہم، مجھے/ ہمارے پاس کسی بھی فنڈ کے زمرے میں سرمایہ کاری کرنے کی صوابدید ہے۔ میں/ ہم مزید تصدیق کرتے ہیں کہ میں/ ہم نے فنڈ منیجر کی رپورٹ، ٹرسٹ ڈیڈ، آفرنگ ڈاکیومنٹ، اضافی ٹرسٹ ڈیڈ اور اضافی آفرنگ ڈاکیومنٹ کو پڑھا ہے۔

Dated

Principal / Joint Account Holder Signature

8 UNDERTAKING

Undertaking by Investor

I/ we _____ hereby undertake that the risk associated with the respective product has been adequately explained, disclosed and understood by me/ us.

Dated

Principal / Joint Account Holder Signature

Undertaking by Sales Agent

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

Signature of Sales Agent
Dated _____

Name & Signature of Immediate Supervisor
Dated _____

9 ABLAMCL SALES STAFF/ DISTRIBUTOR / FACILITATOR INFORMATION (FOR OFFICE USE ONLY)

ABL AMC Sales Staff/Distributor/Investment Faciliator Name	Branch Code	ABL Branch's Staff Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorized Signature of ABL AMC Sales Staff / Distributor / Investment facilitator	ABL Branch Stamp with two officers' signature	

10 FOR ABL AMC OFFICE USE ONLY

Transaction Date <input type="text" value="DD - MM - YYYY"/> (DD - MM - YYYY)	Transaction No. <input type="text"/>	Originator Staff No. <input type="text"/>
Data Input by <input type="text"/>	Form Received on: <input type="text"/>	<input type="text"/>
Data and attachments verified by <input type="text"/>		
		Signature Operations Department

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نقدہم قبول نہیں۔ ادا کی گئی صرف برائے نام کے نام پر کراس چیک، پی او آر یا آن لائن ٹرانسفر کی صورت میں کی جائے گی۔

Get in Touch

-  "INVEST" to 8262
-  021-111-225-262
-  042-111-225-262
-  Website : www.ablfunds.com
-  contactus@ablfunds.com

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