



AL Habib Asset Management Limited

A wholly owned subsidiary of Bank AL Habib Limited

ACCOUNT OPENING FORM

SAHULAT & SARMAKARI
ACCOUNT

Date:

Account Number: _____
(for office use)

IMPORTANT INFORMATION / INSTRUCTIONS

1. Please fill this form in BLOCK LETTERS in clear hand writing or typed.
2. It is the responsibility of the applicant/investor to provide correct, complete and up-to-date information; and inform AL Habib Asset Management Limited whenever there is any change.
3. Kindly fill the form yourself or get it filled in your presence. Do not sign or submit blank form.
4. Application incomplete in any respect and/or not accompanied by required documents may be rejected or held until complete requirements are fulfilled.
5. Use of the name and logo of 'Bank AL Habib Limited' (the Bank) as given above does not mean that the Bank is responsible for the liabilities/obligations of 'AL Habib Asset Management Limited' or any investment scheme(s) managed by it.

ACCOUNT TYPE

☐ Single

☐ Joint

☐ Minor

APPLICANT DETAILS

Principal Applicant's Name :

(as per CNIC / NICOP / B Form / Passport / POC)

Father / Husband Name : _____

Mother's Maiden Name : _____

CNIC / NICOP / Form B / Passport Number/POC :

Issue Date :

Expiry Date :

☐ Life Time

Gender : _____ Date of Birth :

Country of Birth : _____

Residential Address : _____

City / Town : _____ Postal Code : _____ Country : _____

Mailing Address: _____
(if different from above)

City / Town : _____ Postal Code : _____ Country : _____

Tel (Res) : _____ Tel (Off) : _____ Mobile : _____

Email : _____ Nationality : _____ Religion : _____

(Please ensure email and mobile number is correct, clear and active; as it will be used to contact and facilitate you through electronic means)

OTHER INSTRUCTIONS

Zakat Deduction : ☐ No ☐ Yes (Zakat deduction will be considered 'Yes' if affidavit is not attached)

Frequency of Account Statement : ☐ Monthly ☐ Annually (In case no option is selected, 'Annually' will be considered)

Mode of Communication to unit holders : ☐ Electronic ☐ Physical

(In case no option is selected, 'Reinvestment' for Dividend Payout and 'No' for Bonus Encashment will be considered)

Dividend Pay Out : ☐ Reinvestment ☐ Cash **Bonus Encashment** : ☐ No ☐ Yes
(Net of deductions) (Net of deductions)

BANK ACCOUNT DETAILS OF PRINCIPAL APPLICANT/ GUARDIAN (In case of Minor)

Redemption proceeds and payouts will be made to the bank account as provided by investor.

Bank : _____

Branch : _____ City : _____

Account Number/ E-Wallet :

IBAN Number :

NEXT OF KIN

Next of kin information will be used to contact investor's whereabouts.

Next of kin can only be the relatives of the applicant namely spouse/ father/ mother/ brother/ sister/ son/ daughter, including a step/ adopted child.

Name: _____ Relation with Principal Applicant: _____

Address : _____

Email : _____ Mobile Number : _____

JOINT HOLDER(S) /GUARDIAN (in case of 'Minor' only)

Note: Please use Second Joint Applicant Name for Guardian details. Guardian can only be Parent and any person who is legally authorized.

Operating Instructions for Joint Account Holder:

- ☐ Either or Survivor
 ☐ Principal Applicant Only
 ☐ Jointly by any two
 ☐ Jointly by all
☐ Jointly by Principal Applicant & any other Joint Holder

Percentage of holding may be used for tax purpose. If percentage not defined, Principal Applicant will be Marked 100%

(1) Principal Applicant Name: _____ % of Holding: _____

(2) Second Joint Applicant/ Guardian Name: _____

S/o; D/o; W/o: _____ Mother's Maiden Name: _____

Relation with Principal Applicant: _____ % of Holding: _____

CNIC/ NICOP/ Passport Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Issue Date :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Expiry Date :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

☐ Life Time

Address : _____

Email : _____ Mobile Number : _____

(3) Third Joint Applicant Name: _____

S/o; D/o; W/o: _____ Mother's Maiden Name: _____

Relation with Principal Applicant: _____ % of Holding: _____

CNIC/ NICOP/ Passport Number:

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Issue Date :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Expiry Date :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

☐ Life Time

Address : _____

Email : _____ Mobile Number : _____

(4) Fourth Joint Applicant Name: _____

S/o; D/o; W/o: _____ Mother's Maiden Name: _____

Relation with Principal Applicant: _____ % of Holding: _____

CNIC/ NICOP/ Passport Number:

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Issue Date :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Expiry Date :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

☐ Life Time

Address : _____

Email : _____ Mobile Number : _____

Name of Ultimate Beneficiary: [if different from investor(s)] _____

CNIC/ NICOP/ Passport Number:

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Issue Date :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Expiry Date :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

☐ Life Time

Relationship with Principal Applicant: _____ Mobile Number : _____

(Please note that redemption shall only be allowed in favor of account holder)

RISK PROFILING

(The questionnaire will help to understand your investment objectives, risk/return expectation and will provide only guideline and should not constitute as specific advice. You should make your investment based on your own judgment and personal circumstances).

Q.	Answer -->	1	2	3	Answer No. (1/2/3)
1	Your age?	Over 50 years	31-50 years	Under 30 years	
2	Your marital status?	Widowed / Divorced	Married	Single	
3	How secure is your regular income sources?	Not Secure	Fairly Secure	Very Secure	
4	How long you have been investing?	First time	Since 3 years	More than 3 years	
5	Your current level of investment knowledge?	Not Familiar	Have Little knowledge	Completely Understand	
6	What is your qualification?	Under Graduate	Graduate	Post Graduate	
7	Your investment horizon?	Short Term (Less than a year)	Medium Term (1 to 5 years)	Long Term (Over 5 years)	
8	Your primary investment objective?	Regular Income	Income and Growth	Capital Growth	
9	Your risk appetite?	Low Risk	Moderate Risk	High Risk	
Total Score					

Score	Risk Profile	Suitable Fund Category
Less than 12	Very Low	Money Market
12 – 14	Low	Money Market, Income
15 – 17	Moderate	Income
18 – 20	Medium	Income, Asset Allocation
21 or More	High	Asset Allocation, Equity

KNOW YOUR CUSTOMER (KYC)

S. No.	Particulars	Principal Applicant/ Guardian	Second Joint Applicant	Third Joint Applicant	Fourth Joint Applicant
FOR SAHULAT & SARMAKARI ACCOUNT					
1.	OCCUPATION: Government Service Private Service Self Employed / Business Retired House Wife / Student / Dependent	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2.	BUSINESS / EMPLOYER NAME:	_____	_____	_____	_____
3.	BUSINESS DETAILS (Sole proprietor and business income): Business Domestic Geographic Involved Province/ Other (please mention) _____ Business International Geographic Involved FATF Compliant/ Non-Compliant (please mention) _____ Type of Counter Parties dealing with Individuals/ Trust/ Other (please mention) _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
4.	RESIDENTIAL STATUS: Resident Non Resident	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5.	MARITAL STATUS: Married Widow / Divorced Single	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.	NUMBER OF DEPENDENTS:	_____	_____	_____	_____
7.	PUBLIC FIGURE: (Are you or have ever been a family member or close associate of politically exposed person which may include, Senior Government/Judiciary and Military Officials, Senior Executive of State Owned Corporations, Senior Management/member of Board of an International Organization, Senior Political Party Official & Senior Politician) No Family Member or Close Associate Yes (please mention) _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8.	SOURCE OF FUNDS: Salary Business Retirement/ Savings/ Remittance/ Inheritance Dependent on Parents/Spouse/Children (in such case provide their source of income) Other (please mention) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
FOR SARMAKARI ACCOUNT ONLY					
9.	AVERAGE MONTHLY INCOME IN (Rs.): Less than 100,000 100,000 to 250,000 250,000 to 500,000 More than 500,000	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10.	EDUCATION: Under Graduate Graduate / Post Graduate Professional Other (please mention) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11.	Profession/ Nature of Business	_____	_____	_____	_____
DECLARATION: (Please provide details, if yes is selected).					
Any Financial Institution ever refused to open your account?		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you acting on behalf of any other person?		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is your business / source of wealth / any income, cash intensive?		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have any financial links to offshore Tax havens?		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you deal in high value items such as Gold, Silver, Stones etc.?		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Expected investment transaction per month (Rs.)		<input type="checkbox"/> Upto 1 million	<input type="checkbox"/> Upto 5 million	<input type="checkbox"/> Upto 10 million	<input type="checkbox"/> Above 10 million
Expected No. of transaction per month		<input type="checkbox"/> 0 - 5	<input type="checkbox"/> 6 - 10	<input type="checkbox"/> 11 - 15	<input type="checkbox"/> More than 15
Expected investment amount per transaction (Rs.)		<input type="checkbox"/> Upto 5 Lac	<input type="checkbox"/> Upto 1 million	<input type="checkbox"/> Upto 10 million	<input type="checkbox"/> Above 10 million
Expected transaction modes / delivery channels		<input type="checkbox"/> Both	<input type="checkbox"/> Online	<input type="checkbox"/> Physical	
Purpose and intended nature of business relationship		<input type="checkbox"/> Both	<input type="checkbox"/> Saving	<input type="checkbox"/> Investment	

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

AL Habib Asset Management Limited is required to request certain taxpayer information from certain persons who maintain an account with us (whether such persons are U.S. taxpayer or not). Information collected will be used solely to fulfill requirements under U.S. federal tax law and will not be used for any other purpose.

If any of the below is selected as **"YES"** then kindly provide country specific supporting documents with details and **Form W-9**.

Please Complete in BLOCK LETTERS.

S. No.	Particulars	Principal Applicant / Guardian	Second Joint Applicant	Third Joint Applicant	Fourth Joint Applicant
1.	Full Name				
2.	Place of Birth				
3.	Country of Residence				
4.	Nationalities	1. 2.			
5.	Are you a US citizen?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
6.	Are you US resident?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
7.	Do you hold a US permanent resident card /Green Card)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
8.	Were you born in USA?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
9.	Standing instructions to transfer funds to an account in USA.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
10.	Do you have any Power of Attorney/Authorized Signatory/ Mandate holder having US Address?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
11.	Do you have US residence/ mailing/ Sole/Hold Mail address?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
12.	Do you have US telephone number?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

CRS FOR TAX RESIDENCY SELF CERTIFICATION

Part I : Identification of Account Holder Information has been obtained. Refer Page 1

Part II : Applicable only if Tax Residency is other than USA & Pakistan otherwise mark **"Not Applicable (N/A)"**

Part II : Country of residence for tax purposes and related Taxpayer Identification Number ("TIN") or equivalent number*

If a TIN is unavailable please provide reason **A, B or C** where appropriate:

Reason A: The country where the Account Holder is resident does not issue TINs to its residents

Reason B: The Account Holder is otherwise unable to obtain a TIN

(please explain why Account Holder is unable to obtain a TIN in the below table)

Reason C: No TIN is required

(only select this reason if the authorities of the country of residence for tax purposes entered below do not require the TIN to be disclosed)

In case of one or more joint holder, CRS form will be filled and signed by each joint holder separately.

S. No.	Country of residence for tax purposes	TIN	If no TIN is available enter Reason A, B or C
1.			
2.			
3.			

If Reason B selected above, explain why the Account Holder is unable to obtain a TIN in the corresponding row below

1.	
2.	
3.	

DECLARATION

I/We hereby confirm, that all information provided in this form is correct and complete to the best of my/our knowledge and the documents submitted along with this application are genuine. I/We also confirm, having read and understood the Trust Deeds and Offering Documents that govern the transactions and in particular the risks disclosures as well as the guideline given in the Risk Profile section. I/We fully informed and understand, that investment in units of Mutual Fund / Collective Investment Scheme (CIS) are not bank deposit, not guaranteed and not issued by any person. Shareholders of AL Habib Asset Management Limited are not responsible for any loss to investor resulting from the operations from any Collective investment scheme (CIS) to be launched by AL Habib Asset Management Limited unless otherwise mentioned. I/We confirm, that I/We have understood the details of Sales Load and Taxes to be deducted. I/We hereby assure to the AL Habib Asset Management Limited, that the investment 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/our knowledge and belief. I/We hereby provide consent to AL Habib Asset Management Limited, to perform my/our KYC related verification including NADRA Verisys, IBAN and Mobile Number verification.

I/We certify that I /We are the Account Holder(s) (or authorized to sign for the Account Holder) of the account to which this form relates. I/We hereby permit AL Habib Assets Management Limited, to share my/our information with domestic or overseas regulators or tax authorities, where necessary. Where required by domestic or overseas regulators or tax authorities, I/We further agree that AL Habib Asset Management Limited, may withhold from my/our account such amount as may be required by domestic or overseas regulator. I/We will indemnify and hold harmless AL Habib Asset Management Limited from any loss, action, cost, expense (including, but not limited to sums paid in settlement of claims, reasonable attorneys' and consultant fees, and expert fees), claim, damages, or liability which arises or is incurred by AL Habib Asset Management Limited in discharging its obligations under FATCA and/or as a result of disclosures to authorities.

I/We hereby undertake to notify AL Habib Asset Management Limited, if there is a change in any information, which I/We have provided to AL Habib Asset Management Limited. I/We understand and accept that AL Habib Asset Management Limited reserves the right to close or suspend my/our account, without prior notice, if required document/information is not submitted.

☐ Single

☐ Joint

☐ Minor

APPLICANT(S) SIGNATURE (This is an acceptance to above declaration and will be used as specimen signature).

(1) Principal Applicant

(2) Second Applicant
Guardian (In case of minor)

(3) Third Applicant

(4) Fourth Applicant

SIGNATURE (S) AS PER CNIC IF DIFFERENT FROM ABOVE

(1) Principal Applicant

(2) Second Applicant
Guardian (In case of minor)

(3) Third Applicant

(4) Fourth Applicant

DISTRIBUTOR / SALE AGENT

I have verified the identity documents of the Principal Applicant and Joint Holder(s) and I have not identified any factor or event which may give rise to suspicion relating to money laundering and/or financing terrorism about the Principal Applicant and Joint Holder(s). I will inform the Management Company if I identify any such factor or event in future relating to them Application and/ or directors/trustee/authorized signatories.

Distributor : _____
(Name, Signature or / and Stamp)

Branch & City : _____
(Name, Signature or / and Stamp)

Sale Agent : _____
(Name, Signature or / and Stamp)

Remarks: _____

FOR OFFICE USE ONLY

DOCUMENTS REQUIRED:

☐ Copy of CNIC (of Principal / Joint holder/Guardian/UBO)

☐ Business / Employment / Other Proof of Income / Fund

☐ Copy of Utility Bill etc. (in case address different from CNIC)

USER ID: _____

☐ Copy of Form 'B' (in case of minor)

☐ Zakat Affidavit

☐ _____

Customer Risk Classification: ☐ High Risk ☐ Medium Risk (Standard) ☐ Low Risk

Reason : _____

In case of High Risk Investor, Approval from Senior Management is required _____
(Name, Signature)

DATA INPUT & VERIFIED :

Data Input : _____
(Name, Signature)

Data Verified : _____
(Name, Signature)

Remarks : _____