



AL Habib Asset Management Limited

A wholly owned subsidiary of Bank AL Habib Limited

EMPLOYER REGISTRATION FORM

WE DO NOT ACCEPT CASH

PENSION FUND

Date :

Account Number :

EMPLOYER DETAILS

Name of Employer : _____

Registration Number : _____ NTN Number: _____

Unique Identification Number : _____ CDC Sub / IAS Account: _____

Address: _____

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

Primary Contact Person Name: _____

Telephone No. : _____ Mobile No. : _____ Email : _____

Secondary Contact Person Name: _____

Telephone No. : _____ Mobile No. : _____ Email : _____

KYC DETAILS

(Mandatory for compliance with regulatory requirements)

Employer Status :

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Provident Fund | <input type="checkbox"/> Other Retirement Fund | <input type="checkbox"/> Public Company | <input type="checkbox"/> Private Limited Company |
| <input type="checkbox"/> Partnership / AOP | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Society/ Club | <input type="checkbox"/> Other _____ |

Type of Institution:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Manufacturing Company | <input type="checkbox"/> Commercial Bank | <input type="checkbox"/> NGO/ NPO/ Charitable Institution | <input type="checkbox"/> Service Industry |
| <input type="checkbox"/> Insurance Company | <input type="checkbox"/> Educational Institute | <input type="checkbox"/> Trading Company | <input type="checkbox"/> Micro Finance Bank |
| <input type="checkbox"/> Government Account | <input type="checkbox"/> DFI / NBFI / NBFC | <input type="checkbox"/> Modaraba | <input type="checkbox"/> Armed Forces Account |
| <input type="checkbox"/> Others (Please Specify) _____ | | | |

Type of Institution:

Is the applicant Public Sector Enterprise? No Yes

Disclaimer: Use of the name of 'Bank AL Habib Limited' as given above does not mean that it is responsible for the liabilities/obligations of 'AL Habib Asset Management Limited' or any investment scheme managed by it.

DECLARATION

I hereby confirm, that all information provided in this form is correct and complete to the best of my knowledge and the documents submitted along with this application are genuine. I also confirm, having read and understood the Trust Deed(s) and Offering Document(s) that govern the transactions and in particular the risks disclosures as well as the advice given in the Risk Profile section. I fully informed and understand that investment in units of sub funds 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 of Voluntary Pension System managed by AL Habib Asset Management Limited. I confirm, that I have understood the details of Sales Load and Taxes to be deducted. I 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 knowledge and belief.

I hereby permit, AL Habib Assets Management Limited, to share my information with domestic or overseas regulators or tax authorities, where necessary. I further agree that AL Habib Asset Management Limited may withhold from my account such amount as may be required by domestic or overseas regulator. I 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 undertake to notify AL Habib Asset Management Limited, if there is a change in any information, which I have provided to AL Habib Asset Management Limited. I understand and accept that AL Habib Asset Management Limited reserves the right to close or suspend my account, without prior notice, if required document/information is not submitted.

AUTHORIZED SIGNATORIES [AS PER CNIC] / PASSPORT (With Company Stamp)

(1) Authorized Signatory

(2) Authorized Signatory

(3) Authorized Signatory

(4) Authorized Signatory

(For Office Use Only)

DOCUMENTS REQUIRED: (To be filled by Registrar/ISD)

Application will not be processed without receipt of documents mentioned below.

- | | |
|---|--|
| <input type="checkbox"/> Memorandum and Articles of Association/Bye Laws/Trust Deed | <input type="checkbox"/> Form A and Form 29, (where applicable) |
| <input type="checkbox"/> List of Directors/Trustees along with copies of their CNIC/NICOP | <input type="checkbox"/> CNIC/NICOP Copies of Authorized Signatories |

(All documents should be certified)

DISTRIBUTOR / SALE AGENT

Customer Risk Classification: High Risk Medium Risk (Standard) Low Risk Reason : _____

I have verified the identity documents of the Participant 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 Participant. I will inform the Pension Fund Manager, if I identify any such factor or event in future relating to the Participant.

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

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

DATA INPUT & VERIFIED :

Data Input : _____ Data Verified : _____
(Name, Signature) (Name, Signature)

Remarks : _____
