



AL Habib Asset Management Limited

A wholly owned subsidiary of Bank AL Habib Limited

INVESTMENT FORM

WE DO NOT ACCEPT CASH

Date :

Account Number :

Transaction ID: _____

CNIC/NICOP/
B Form No :

(In case of initial investment
minimum investment Rs. 5,000/-)

(for office use)

Account Title :

STATEMENT OF RISK ASSESSMENT

| S. No. | NAME OF FUND | FUND CATEGORY | RISK OF PRINCIPAL EROSION |
|--------|-------------------------------------|---------------------------------------|---------------------------|
| 1. | AL Habib Cash Fund | Money Market Scheme | Very Low |
| 2. | AL Habib Money Market Fund | Money Market Scheme | Very Low |
| 3. | AL Habib Islamic Cash Fund | Shariah Compliant Money Market Scheme | Very Low |
| 4. | AL Habib Government Securities Fund | Income Scheme | Moderate |
| 5. | AL Habib Income Fund | Income Scheme | Medium |
| 6. | AL Habib Islamic Income Fund | Shariah Compliant Income Scheme | Medium |
| 7. | AL Habib Islamic Savings Fund | Shariah Compliant Income Scheme | Medium |
| 8. | AL Habib Asset Allocation Fund | Asset Allocation Scheme | High |
| 9. | AL Habib Stock Fund | Equity Scheme | High |
| 10. | AL Habib Islamic Stock Fund | Shariah Compliant Equity Scheme | High |

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.

I/ We have reviewed the results of my/our risk assessment and have decided to invest in Fund(s) which have a risk level higher/lower than what is recommended.

I/We fully understand that I/We am/are taking more/lesser risks in exchange for possible return. I/We expressly agree to assume such risk.

Signature

Signature

Signature

Signature

INVESTMENT DETAILS Please ensure payment is made in the name of "CDC Trustee <Fund Name>".

| S. No. | NAME OF FUND | MODE OF PAYMENT & INSTRUMENT NUMBER | DRAWN ON BANK, BRANCH & CITY | AMOUNT (Rs.) <small>(Minimum Rs. 1,000/-)</small> |
|-------------------------|--------------|-------------------------------------|------------------------------|--|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| Amount in Words: | | | Total | |

COOLING OFF RIGHTS:

The unit holders have the right to obtain a refund of their first time investment (cooling off) in a particular open end mutual fund. (For individual unit holder only).

The cooling off period shall comprise of **three** business days commencing from the date of issuance of initial Account Statement to the unit holder.

The cooling off right shall be exercised by the unit holder upon written request (refer clause of redemption) to the AMC within the time specified.

The Refund of every unit held by the unit holder pursuant to the exercise of a cooling off right should be an amount equal to NAV per unit applicable on the date of the cooling off right is exercised which is payable within six business days from the receipt of written request.

AMC shall refund the Front end (Sales) load paid by the unit holder, however Contingent load (Back end load) will be payable by the unit holder where applicable.

DECLARATION

I/We also confirm having read and understood the Trust Deeds, Offering Documents and FMR (also handed over to me) of respective Fund(s) that govern the transaction including details of Sales load to be deducted, taxes thereon and in particular the risks disclosures. I/We hereby assure to the Management Company that the proceeds invested in the Fund(s) are not derived from money laundering or illegal activities and the source of funds declared is true and correct to the best of my/our knowledge and belief.

Signature

Signature

Signature

Signature

(For Office Use Only)

DISTRIBUTOR / SALES AGENT UNDERTAKING:

I/ We have explained the risk of the fund being sold to the investor, including the possibility of principal being at higher risk in case of high risk funds. I/ we have neither made nor implied any guarantee with respect to return on investment amount, nor quoted any fixed return percentage or amount to the investor.

I have not identified any factor or event which may give rise to suspicion relating to money laundering and/or financing terrorism about the Investor. I will inform the Management Company if I identify any such factor or event in future relating to the Investor.

(Name, Signature or / and Stamp)

Distributor/ Sale Agent

(Name, Signature or / and Stamp)

Name & Signature of Immediate Supervisor

Data Input : _____ (Name / Signature) Data Verified : _____ (Name / Signature) Remarks : _____

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.

AHAM/03/23 (a)