

AL Habib Asset Management Limited A wholly owned subsidiary of Bank AL Habib Limited

PARTICIPANT UPDATE FORM

PENS)	

ate: DDDMMYYYY	Account Number :	Transaction ID:(for office use)	
ccount Title :			
(Please tick, if you want to update this sect	TICK THE SECTION WHERE UPDATE REQUIR tion) PARTICIPANT'S DETAILS	ED	
CNIC Issue Date : D D M M Y Y		Y Y Y Life Time	
Residential Address :			
	Postal Code :	Country :	
Mailing Address:(if different from above)		•	
• •	Postal Code : Country : Tel (Off) : Mobile :		
(Please ensure email and mobile number is correct	Nationality:t, clear and active; as it will be used to contact and facilitate you	through electronic means)	
(Please tick, if you want to update this sect	tion) BANK ACCOUNT DETAILS OF PARTICIPA	ANT	
Withdrawal proceeds will be made to the bank acco			
Bank:	Branch :		
Account Number/ E-Wallet/ IBAN:			
(Please tick, if you want to update this sect	tion) NEXT OF KIN		
Next of kin information will be used to contact Part Next of kin can only be the relatives of the applican	ticipant's whereabouts. nt namely spouse/ father/ mother/ brother/ sister/ son/ daughte	r, including a step/ adopted child.	
Name:	Relation with Participant :		
Address :			
Email :	Contact N	Number :	
(Please tick, if you want to update this sect	tion) RETIREMENT AGE		
Retirement Age:	Or expected date of retirement:	70 years, whichever is earlier.	
	DECLARATION		
genuine. I also confirm, having read and understoo and understand that investment in units of sub func not responsible for any loss to investor resulting understood the details of Sales Load and Taxes to be	this form is correct and complete to the best of my knowledge of the Trust Deeds and Offering Documents that govern the trans ds are not bank deposit, not guaranteed and not issued by any pe from the operations of Voluntary Pension System managed by e deducted. I hereby assure to the AL Habib Asset Management Lissource of funds declared in this Form is true and correct to the b	sactions and in particular the risks disclosures. I fully informed erson. Shareholders of AL Habib Asset Management Limited are AL Habib Asset Management Limited. I confirm, that I have imited, that the investment in the Pension Fund are not derived	
Habib Asset Management Limited may withhold fro Asset Management Limited from any loss, action,	nited, to share my information with domestic or overseas regulat om my account such amount as may be required by domestic or o cost, expense (including, but not limited to sums paid in settlem es or is incurred by AL Habib Asset Management Limited in discha	verseas regulators. I will indemnify and hold harmless AL Habib nent of claims, reasonable attorneys' and consultant fees, and	
I undertake to notify AL Habib Asset Management Laccept that AL Habib Asset Management Limited re	Limited, if there is a change in any information, which I have prov eserves the right to close/ block/ suspend my account, without p	ided to AL Habib Asset Management Limited. I understand and rior notice, if required document/information is not submitted	
Participant Signature			
	(For Office Use Only)		
DISTRIBUTOR / SALES AGENT UNDE	ERTAKING: I have not identified any activity or event which rm the Pension Fund Manager, if I identify any such activity or ev	may give rise to suspicion relating to money laundering and/o ent in future relating to the Participant.	
financing terrorism about the Participant. I will infor			
financing terrorism about the Participant. I will infor (Name, Signature or / and Stamp))	(Name, Signature or / and Stamp)	

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