



# AL Habib Asset Management Limited

A wholly owned subsidiary of Bank AL Habib Limited

## ACCOUNT UPDATE FORM

### SAHULAT & SARMAKARI ACCOUNT

Date :

Account Number :

Transaction ID: \_\_\_\_\_  
(for office use)

CNIC / NICOP:

Account Title :

### TICK THE SECTION WHERE UPDATE REQUIRED

(Please tick, if you want to update this section)

#### APPLICANT DETAILS

CNIC Issue Date:

CNIC Expiry Date:

Life Time

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 : \_\_\_\_\_

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

(Please tick, if you want to update this section)

#### OTHER INSTRUCTIONS

**Zakat Deduction :**  No  Yes (Zakat deduction will be considered 'Yes' if affidavit is not attached)  Non Muslim (Enclose declaration)

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

(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)

(Please tick, if you want to update this section)

#### 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 :

(Please tick, if you want to update this section)

#### 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 : \_\_\_\_\_ Contact Number : \_\_\_\_\_

(Please tick, if you want to update this section) **OPERATING INSTRUCTION FOR 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

(Please tick, if you want to update this section) **JOINT HOLDER(S) /GUARDIAN (in case of 'Minor' only)**

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

You can only update % of holding, address, email and contact number of existing Joint holder/Guardian (In case of minor)

**(1) Principal Applicant Name:** \_\_\_\_\_ % of Holding: \_\_\_\_\_

**(2) Second Joint Applicant/ Guardian Name:** \_\_\_\_\_

Email : \_\_\_\_\_ Contact Number : \_\_\_\_\_ % of Holding: \_\_\_\_\_

Address : \_\_\_\_\_

**(3) Third Joint Applicant Name:** \_\_\_\_\_

Email : \_\_\_\_\_ Contact Number : \_\_\_\_\_ % of Holding: \_\_\_\_\_

Address : \_\_\_\_\_

**(4) Fourth Joint Applicant Name:** \_\_\_\_\_

Email : \_\_\_\_\_ Contact Number : \_\_\_\_\_ % of Holding: \_\_\_\_\_

Address : \_\_\_\_\_

(Please tick, if you want to update this section) **ULTIMATE BENEFICIARY**

**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
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      Expiry Date : 

D	D	M	M	Y	Y	Y	Y
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 Life Time

Relationship with Principal Applicant: \_\_\_\_\_ Contact Number : \_\_\_\_\_

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

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

**APPLICANT(S) SIGNATURE** (This sign will be 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 signators.

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 : \_\_\_\_\_