

This form should be filled in block capital letters

## KYC, FATCA AND CRS-1 FORM FOR EXISTING/ JOINT UNIT HOLDERS

Please ensure that your application form/cheque is completely filled and signed before handing it over to our representative. We will notify you through email and SMS upon receipt of the application form.

برائے مہر پانی آس بات کو بیٹی نائے کہ آپ کا در خواست فارم /چیک ہمارے نما کندے کو دینے سے قبل مکمل طریقے سے پُر اور د شخط شرہ ہو۔ در خواست فارم موصول ہونے پر ہم آپ کو بذریعہ ای کمیل اور ایس ایکہ ایس مطلح کریں گے۔

Please select purpose (any one): ☐ DORMANCY REMOVAL

☐ RECORD UPDATION

If no option is selected, Record will be updated

DATE:		THIS KYC F	ORM SHOL	ULD BE FILLED BY PRINCI	IPAL HOLDER, JOII	NT HOLDER, GUARDIA	N AND ULTIMATE I	BENEFICIARY S	SEPARATELY
NAME AS PER CNIC/NICOP/PASSPORT						·			
CNIC/NICOP/PASSPORT NUMBER		1 1	1 1	1 1 1 1	1 1 1	Registration No.			
KNOW YOUR CUSTOMER SECTION									
RESIDENTIAL STATUS	Resident Pakistani		Non - Resi	ident Pakistani	Resident Forei	gn National	Non - Resident	Foreign Natio	onal
PERMANENT RESIDENT IN PAKISTAN TO BE FILLED BY NICOP HOLDERS ONLY)	Yes		No [						
NATIONALITY OTHER THAN PAKISTAN)	1. NATIONALITY			2	2. NATIONALITY				
EDUCATION	Under Graduate Technical Qualification	Gradua	=	Post Graduate	Profe	ssional Qualification	Sh	ariah Qualifica	ation
OCCUPATION	Armed Forces Service (A) Private Service (D)			Business/ Self-Emp				t Service (C)	(F)
NAME AND ADDRESS OF EMPLOYER / EX-EMPLOYER/ BUSINESS / SHOP TO BE FILLED IN CASE OF A, B, C, D & E)									
DESIGNATION TO BE FILLED IN CASE OF A,C, D & E)					GRADE/ RAI	NK I CASE OF A, C, & E)			
NATURE OF BUSINESS					(100211222011	10/102 01 74 0, 42 2)			
TO BE FILLED IN CASE OF B)	Accountant Advocat	e/ Lawyer [	Agrica	ulturiet/ Dain/ Farmer	Antique Des	aler 🗌	Architect		Artiet
ROFESSION	Auditor Economist Jeweller Soldier	Banker  Banker  Electrician  Journalist  Student  /holesaler	Agricu	Bureaucrat  Engineer  Judge  Mechanic  Pharmacist	Antique Dea Technic Gems Dea Labou Media Pers	ian Distrib ialer Importe irer No	Architect utor/Agent r/ Exporter Landlord tary Public lice Officer		Artist Doctor Sessional Nurse Nurse te Agent
	Scientist Real Esta Partner In Legal / Profession Other If "Others" is se	al Firm	please spe	ecify	Teac	t 🗍	. Ш	Retailer/ Shop Business Par	tnership
SOURCE(S) OF INCOME/ FUNDS MULTIPLE SELECTIONS CAN BE MADE)	Salary Income Business Income Rental Income Savings Stocks/ Investments Proceeds from Inheritance Agriculture Income Monthly Pension Gift Proceeds Remittances from Third Party Sale Proceeds of Property Remittances from Family Member Sale Proceeds of Furniture, Fixtures & Equipment Sale Proceeds of Vehicle Retirement Benefits (Provident Fund/ Gratuity, etc.) Student receiving Funds from Blood Relative Housewife receiving Funds From Husband/ Chlid/ Blood Relative							rd Party	
NNUAL INCOME	Below Rs. 1,000,000/- From Rs. 5,000,001/- TO RS. 7,500,000/- From Rs. 12,500,001/- TO RS. 15,000,000/- From Rs. 12,500,001/- TO RS. 15,000,000/- From Rs. 12,500,001/- TO RS. 15,000,000/- Above Rs. 25,000,000/-  From Rs. 1,000,000/- From Rs. 15,000,001/- TO RS. 20,000,000/- From Rs. 2,500,001/- TO RS. 2,500,001/- TO RS. 10,000,001/- From Rs. 2,500,001/- TO RS. 10,000,001/- From Rs. 20,000,001/- TO RS. 25,000,000/- From Rs. 25,000,000/- From Rs. 20,000,000/-							00,000/-	
ARE YOU OR HAVE YOU EVER BEEN EN FOLLOWING FUNCTIONS EITHER IN PAR		YES	NO	ARE YOU OR HAVE YO ASSOCIATE OF ANY O			R CLOSE	YES	NO
HEAD OF STATE				HEAD OF STATE					
HEAD OF GOVERNMENT									
SENIOR POLITICIAN SENIOR GOVERNMENT OFFICIAL				SENIOR POLITICIAN  SENIOR GOVERNMENT OFFICIAL					
SENIOR GOVERNMENT OFFICIAL SENIOR JUDICIAL OFFICIAL				SENIOR GOVERNMENT OFFICIAL SENIOR JUDICIAL OFFICIAL					
SENIOR MILITARY OFFICIAL				SENIOR MILITARY OFFICIAL					
SENIOR EXECUTIVE OF STATE OWNED CORPORATIONS				SENIOR EXECUTIVE OF STATE OWNED CORPORATIONS					
MPORTANT POLITICAL PARTY OFFICIAL				IMPORTANT POLITICAL PARTY OFFICIAL					
SENIOR EXECUTIVE OF INTERNATIONAL ORGANIZATION				SENIOR EXECUTIVE OF INTERNATIONAL ORGANIZATION					
MEMBER OF THE BOARD OF INT'L ORGANIZATION  HAS YOUR ACCOUNT EVER BEEN REFUSED BY ANY FINANCIAL INST				MEMBER OF THE BOA		ANIZATION			
HAS YOUR ACCOUNT EVER BEEN REFU F YES THEN PLEASE EXPLAIN REASON		TUTION IN PA	AKISTAN O	OR ABROAD? YES	NO				
F YOU ARE ACTING AND INVESTING ON PLEASE PROVIDE THE FOLLOWING DE			ATE BENEF	FICIARY) THROUGH PHYS	SICAL PAYMENT II	NSTRUMENT,			
IOTE: ULTIMATE BENEFICIARY IS NOT NOMINEE OF 1 PURPOSES. IF YOU DO NOT DISCLOSE THE ULTIMATE	HE CUSTOMER. ULTIMATE BENEFICIARY BENEFICIARY, WE WILL ASSUME THAT	IS AN INDIVIDUA OU ARE THE ULT	AL WHO HAS A TIMATE BENEF	ANY LEGITIMATE RELATIONSHIP V FICIAL OWNER OF THE FUNDS IN	VITH THE CUSTOMER A VESTED.	ND PROVIDING FUNDS FOR I	NVESTMENT	YES 1	NO [
NAME OF THE ULTIMATE BENEFICIARY									
CNIC/NICOP/ PASSPORT NUMBER									
RELATIONSHIP WITH THE CUSTOMER									
DECLARATION: I HEREBY DECLARE T DOCUMENTS SUBMITTED ALONG WITH NEORMATION.									

MCB FUNDS Investments for Life



FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA") SECTION				
This section of Account Opening Form must be completed by		stor who wishes to open an i	nvestor account with M	CRIM Fach Joint Holder is required to fill
this section of Account Opening Form must be completed by this section separately.	y maividuaii Sole Floprietoi inve	stor who wishes to open an I	iivesioi account Willi M	юрым. Lacit John Holder is required to fill
Please complete in <b>BLOCK LETTERS</b> Name:		Country of Residence:		
Country of Birth:				
Please tick (✓) Yes or No for each of the following question	ns:		<b></b>	√oo □
Are you a U.S. Resident?     Are you a U.S. Citizen?			No No	Yes Yes
Are you holding a U.S. Permanent Resident Ca	ard (Green Card)?		No _	Yes
4. Are you registered in the US as a tax payer?			No	Yes
Note: If answer to any of the above-mentioned questions is "Yes" the Declaration:	en please complete Form W-9 "Requ	est for Taxpayer Identification Nu	umber and Certification".	
I hereby confirm that the information provided above is Subject to applicable local and foreign laws, I hereby c limitation branches) to share my information with dome Subject to the requirements of domestic or overseas le account(s) such amounts as may be required accordin I hereby undertake not to initiate any proceedings agacount and remitted to the local or foreign authorities.     I hereby undertake that I have not granted a Power of. I hereby undertake that I have no intention to set up Pather of the proceedings against the process of the proceedings against the process of	onsent for MCBIM, the Trustee of the stic and overseas tax authorities, which, I consent and agree that MCBIM go to applicable laws, regulations and ainst MCBIM and the Trustee of the regulators; Attorney to a person who has an add ayment Standing Instruction(s) for the alendar days in case of any change in as as contained herein shall form	ere necessary to establish my to or the Trustee of the Collective directives; Collective Investment Schemes/ ress outside Pakistan to operate banking account(s) and benefin on any information whatsoever wh	ax liability in any jurisdictic Investment Schemes/ Vol Voluntary Pension Schen e the Investor Account (eith ciary account(s) in a count nich I have provided to MC	on; untary Pension Schemes may withhold from my nes in case any amounts are withheld from my her physically or electronically); try outside Pakistan; CBIM; and
				Signature/ Left Hand Thumb Impression (male)/ Right Hand Thumb Impression (female)
INDIVIDUAL TAX RESIDENCY SELF-CERTIFICATION SECTION (C	RS-1)			
<ul> <li>Please complete Parts 1-3 in BLOCK CAPITALS.</li> <li>Fields marked with a * are mandatory.</li> </ul>				
- Fill and complete Part 2 only if Tax Residency is other than  PART 1 - IDENTIFICATION OF INDIVIDUAL ACCOUNT HOLDER	USA & Pakistan otherwise mark "	Not Applicable (N/A)"		
A. NAME OF ACCOUNT HOLDER				
FAMILY NAME OR SURNAME(S)*				
TITLE				
FIRST OR GIVEN NAME*				
MIDDLE NAME(S)				
B. CURRENT RESIDENCE ADDRESS				
LINE 1 (E.G. HOUSE/APT/SUITE NAME, NUMBER, STREET, if any)				
LINE 2 (E.G. TOWN/CITY/PROVINCE/COUNTY/STATE)*				
COUNTRY*				
POSTAL CODE/ZIP CODE (if any)*				
C. MAILING ADDRESS (PLEASE ONLY COMPLETE IF DIFFERENT	TO THE ADDRESS SHOWN IN SE	CTION B)		
LINE 1 (E.G. HOUSE/APT/SUITE NAME, NUMBER, STREET)				
LINE 2 (E.G. TOWN/CITY/PROVINCE/COUNTY/STATE)				
COUNTRY				
POSTAL CODE/ZIP CODE				
D. DATE OF BIRTH* (DD/MM/YYYY)				
E. PLACE OF BIRTH				
TOWN OR CITY OF BIRTH *				
COUNTRY OF BIRTH*				
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## PART 2 - COUNTRY/JURISDICTION OF RESIDENCE FOR TAX PURPOSES AND RELATED TAXPAYER IDENTIFICATION NUMBER OR EQUIVALENT NUMBER\* ("TIN") Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's TIN for each country/jurisdiction indicated. Countries/Jurisdictions adopting the wider approach may require that the self- certification include a lax identifying number for each country/jurisdiction of residence (rather than for each Reportable Jurisdiction). If the Account Holder is tax resident in more than three countries/jurisdictions, please use a separate sheet If a TIN is unavailable please provide the appropriate reason A, B or C where indicated below: Reason A - The country/jurisdiction 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 or equivalent number(Please explain why you are unable to obtain a TIN in the below table if you have selected this reason) Reason C - No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction) COUNTRY/JURISDICTION OF TAX RESIDENCE IF NO TIN AVAILABLE ENTER REASON A, B OR C 2 3 Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above. 2 3 PART 3 - DECLARATIONS AND SIGNATURE\* I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with MCBIM and the Collective Investment Schemes and Voluntary Pension Schemes under its management (hereinafter collectively referred to as the "MCBIM Schemes") setting out how MCBIM and MCBIM Schemes may use and share the information supplied by me. I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates. I declare that I have neither asked for, nor received, any advice from MCBIM and MCBIM Schemes in determining my classification as a Reportable Person or otherwise. I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete. I undertake to advise MCBIM and MCBIM Schemes within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete, and to provide MCBIM with a suitably updated self-certification and Declaration within 30 days of such change in circumstances. - I/We understand that the Management Company reserves the right to obtain identity verification services (Biometric/NADRA Verisys) from NADRA to confirm my/our identification document(s). I/We hereby allow the Management Company to confirm my/our identity using identity verification services of NADRA. I/We will not hold the Management Company liable or responsible in any manner. I/We hereby allow the Management Company to verify my/our bank account number(s) and mobile number(s)through independent sources. I/We will not hold the Management Company liable or responsible in any manner. SIGNATURE\* PRINT NAME\* DATE\* NOTE: IF YOU ARE NOT THE ACCOUNT HOLDER PLEASE INDICATE THE CAPACITY IN WHICH YOU ARE SIGNING THE FORM. IF SIGNING UNDER A POWER OF ATTORNEY PLEASE ALSO ATTACH A CERTIFIED COPY OF THE POWER OF ATTORNEY CAPACITY\* Please write the complete address of the premises where you visited the customer: YES [ NO HAVE YOU SEEN ORIGINAL CNIC/NICOP OF THE CUSTOMER? YES | HAS THE CUSTOMER SIGNED IN YOUR PRESENCE? NO IS THERE ANY MATERIAL CHANGE IN THE APPEARANCE OF THE CUSTOMER WHEN COMPARED WITH HIS/HER PICTURE ON CNIC/NICOP? YES NO (If yes, please provide details I have verified the identity document of the Customer 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 Customer. I will inform the Company if i identify any such factor or event in future relating to the Customer. DISTRIBUTOR / FACILITATOR NAME CODE BRANCH NAME CITY



FORM RECEIVED BY

DATA INPUT BY

DATE, FORM AND ATTACHMENTS VERIFIED BY



CUSTOMER DUE DILIGENCE SECTION										
(This Section should be filled by Sales Staff / Distributor / Authorized Representative in presence of the Customer)										
TYPE OF ACCOUNT	Individual	al Account Joint Account				Minor Account				
PURPOSE OF ACCOUNT	Investmer	nt & Savings								
DATE OF VERIFICATION OF THE IDENTITY DOCUMENT	D	D M M	Υ	Υ		Υ				
DATE OF ISSUANCE ON THE IDENTITY DOCUMENT	D	D M M	Υ	Υ		Υ				
DATE OF EXPIRY ON THE IDENTITY DOCUMENT	D	D M M	Υ	Y		Υ				
IS IDENTITY DOCUMENT WITHOUT PHOTOGRAPH?  YES NO (IF YES, PLEASE OBTAIN PASSPORT SIZE PHOTOGRAPH)										
IS THERE ANY INDICATION THAT CUSTOMER IS PEP OR FAM	IILY MEMBE	R OF PEP OR CLOSE	E ASSOCIAT	E OF PEP?		YES	NO			
IS THE CUSTOMER LINKED WITH NGO/ NPO/ CHARITABLE T	RUST/ SOCI	ETY/ ASSOCIATON A	S DIRECTO	R OR TRUSTE	E OR N	MEMBER OF GO	OVERNING BODY, ETC.?	YES NO		
IS THE CUSTOMER FOREIGN NATIONAL?	ES NO	o 🗌								
IS THE CUSTOMER BELONG TO CHAMAN, TORKHAM, TAFTAN OR FATA REGION? [FATA REGION INCLUDES BAJAUR AGENCY, MOHMAND AGENCY, KHYBER AGENCY, ORAKZAI AGENCY, KURRAM AGENCY, NORTH WAZIRISTAN AGENCY, SOUTH WAZIRISTAN AGENCY]  NO										
IS THE CUSTOMER INVOLVED IN ANY OF THE FOLLOWING D	ESIGNATED	NON-FINANCIAL BL	JSINESSES	AND PROFES	SION (I	DNFBPs)?				
REAL ESTATE AGENT, BUILDER OR DEVELOPER	YES	DEALER IN PRECIOUS METALS INCLUDING					DING JEWELLER	YES NO		
DEALER IN PRECIOUS STONES INCLUDING GEM DEALER	YES	NO	AN	TIQUE DEALE	R			YES NO		
SELF EMPLOYED LAWYER/ ADVOCATE/ NOTARY	YES	NO	SELF EMPLOYED ACCOUNTANT/ AUDITOR					YES NO		
SELF EMPLOYED LEGAL/ FINANCIAL/ TAX CONSULTANT	YES	NO	PAI	RTNER IN LEG	AL/ PR	ROFESSIONAL F	FIRM	YES NO		
IS THE CUSTOMER INVOLVED IN MONEY EXCHANGE BUSIN	ESS, LOW P	ROFILE INTERNET B	BASED BUSI	NESS OR CRY	тто с	CURRENCY BUS	SINESS? YES	NO		
HAS THE CUSTOMER PROVIDED THE DETAILS OF ANY ULTIMATE BENEFICIARY?  YES NO (IF YES, PLEASE COMPLETE KYC FORMALITIES OF ULTIMATE BENEFICIARY)										
EXPECTED TYPE OF COUNTER PARTIES  Self Other		timate Beneficiary [ss selected then please		Itimate Benefi	ciary C	Only	Self and Employer	Employer only		
EXPECTED LOCATION OF COUNTER PARTIES Within Pakistan Outside Pakistan If "Outside Pakistan" is selected then please specify country										
All Schemes Shariah Compliant High Risk Schemes Shariah Compliant Medium Risk Schemes Shariah Compliant Very Low Risk Schemes High Risk Schemes Low Risk Schemes Very Low Risk Schemes Shariah Compliant Very Low Risk Schemes Shariah Compliant Very Low Risk Schemes High Risk Schemes Medium Risk Schemes Low Risk Schemes Very Low Risk Schemes Schemes Schemes Schemes Risk Schemes Risk Schemes Schemes Schemes Schemes Risk Schemes Schemes Schemes Schemes Risk Schemes Schemes Risk Schemes R										
EXPECTED SERVICES WHICH THE CUSTOMER WOULD LIKE TO USE  All Services										
EXPECTED DISTRIBUTION/ DELIVERY CHANNEL(S) WHICH THE CUSTOMER WOULD LIKE TO USE  All Channels ISAVE Online Portal Only Through Sales Agent Only ISAVE Online Portal & Sales Agent ISAVE Online Portal & Distributor ISAVE ONLINE & DISTRIBUTOR & DISTRIBUTOR & DISTRIBUTOR & DISTRIBUTOR & DISTRIBUTOR & DISTRIBUTOR & D										
NUMBER OF YEARS OF EXPERIENCE OF THE CUSTOMER A	S AN EMPLO	YEE OR BUSINESSI	MAN OR PAF	RTNER OR SH	OP KE	EPER				
ANNUAL INCOME/ ANNUAL SALARY OF THE CUSTOMER							·			
ESTIMATED NET WORTH OF THE CUSTOMER (Annual income / Annual salary x 20% x No. of years of expe										
EXPECTED INVESTMENT TRANSACTIONS IN A YEAR (RUPE) (THIS FIGURE SHOULD COMMENSURATE WITH THE ESTIMATED NET WOR ANNUAL INCOME OF THE CUSTOMER)		UPTO RS. 500,000/- UPTO RS. 3,000,000/- UPTO RS. 7,000,000/- UPTO RS. 7,000,000/- UPTO RS. 10,000,000/- ABOVE RS. 10,000,000/-				UPTO RS. 1,000,000/- UPTO RS. 2,000,000/- UPTO RS. 5,000,000/- UPTO RS. 6,000,000/- UPTO RS. 9,000,000/- UPTO RS. 10,000,000/-				
EXPECTED NUMBER OF INVESTMENT TRANSACTIONS IN A	YEAR	UPTO 5		UPTO 10		UPTO 15	UPTO 20	ABOVE 20		
EXPECTED REDEMPTION TRANSACTIONS IN A YEAR (RUPE	UPTO RS. 500,000/- UPTO RS. 3,000,000 UPTO RS. 7,000,000 ABOVE RS. 10,000,0	0/-	UPTO RS.	4,000,0	000/-	UPTO RS. 1,000,000/-  UPTO RS. 5,000,000/-  UPTO RS. 9,000,000/-	UPTO RS. 2,000,000/- UPTO RS. 6,000,000/- UPTO RS. 10,000,000/-			
EXPECTED NUMBER OF REDEMPTION TRANSACTIONS IN A	YEAR	UPTO 5		UPTO 10		UPTO 15	UPTO 20	ABOVE 20		
ANY OTHER INFORMATION ABOUT THE CUSTOMER										
OVERALL ASSESSMENT OF THE CUSTOMER SATISFACTORY UNSATISFACTORY										
PREPARER:										
NAME OF SALES AGENT / AUTHORIZED REPRESENTATIVE							CODE OF THE SALES AGEN	IT		
SIGNATURE OF THE SALES AGENT / AUTHORIZED REPRESE										
REVIEWER:										
NAME OF SALES AGENT / AUTHORIZED REPRESENTATIVE							CODE OF THE SALES AGEN	IT		
SIGNATURE OF THE SALES AGENT / AUTHORIZED REPRESE	ENTATIVE									
MCB FUNDS	M	CB INVESTMEN	NT MAN	AGEMENT	LIM	IITED				