



(j). PLEASE PROVIDE THE FOLLOWING DETAILS OF THE INDIVIDUAL (NATURAL PERSON) HOLDING SHARES EQUAL TO 25% OR ABOVE OF THAT LEGAL PERSON MENTIONED IN (i) ABOVE		
NAME OF INDIVIDUAL (NATURAL PERSON) SHAREHOLDER	CNIC/ NICOP/ PASSPORT NO.	% OF SHAREHOLDING IN A LEGAL PERSON

(k). PLEASE PROVIDE THE DETAILS OF BENEFICIAL OWNERS OF THE INSTITUTION IF NOT DISCLOSED IN (f), (g), (h), (i), & (j) ABOVE.		
NAME OF BENEFICIAL OWNER	CNIC/ NICOP/ PASSPORT NO.	DETAILS OF BENEFICIAL OWNERSHIP

2. DECLARATION AND SIGNATURES

I/We, the undersigned, hereby declare that:
 (a) the information provided in this KYC Form is correct, complete and up-to-date to the best of my/our knowledge and belief and the document(s) submitted along with this Form (if any) is complete and valid in all respects; and
 (b) I/We hereby assure to the Management Company that I/We have disclosed the beneficial owner(s) of the Institution to the Management Company and I/We will inform the Management Company if there is any change in these beneficial owner(s).

3. FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA") SECTION

To be Completed by customers who wish to open an investor account For Entities (for eg: Corporation, Trust, Association, Partnership etc)

- In case the country of incorporation is in the United States, please complete Form W-9, "Request for Taxpayer Identification Number and Certification", otherwise please complete Form W8-BENE, "Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities)".
- Please complete the table below concerning any persons holding a greater than 10% beneficial ownership in the entity:

Serial No.	Name of beneficial / substantial owner	Address of the beneficial owner	%age of shareholding	Is the beneficial owner a US Person ?		Any nationality/ citizenship/Country of Incorporation (in case of entry) other than Pakistan?	
				Yes	No	Yes (please specify)	No

3. Please write "Yes" if any statement below applies to you, otherwise please write "No".

3.1. We have granted a Power of Attorney to a person/ authorized a person who has an address outside Pakistan to operate the banking account (either physically or electronically): Yes No
 If "Yes", please fill the following:
 Name of authorized person: _____ Address: _____ City/District _____ Postal Code _____ Name of country: _____
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 Name of authorized person: _____ Address: _____ City/District _____ Postal Code _____ Name of country: _____

3.2. We intend to/will set up Payment Standing Instruction(s) for the banking account and the beneficiary account(s) is in country other than Pakistan: Yes No
 If Yes, please fill the following:
 Beneficiary Account Number: _____ Country: _____
 Beneficiary Account Number: _____ Country: _____
 Beneficiary Account Number: _____ Country: _____

- We hereby undertake and confirm that the information provided by us hereinabove is true, accurate and complete.
- Subject to applicable local and foreign laws and regulations, We hereby consent to the Management Company and/or any of its affiliates (including without limitation branches) sharing our information with domestic and overseas tax authorities, where necessary to establish our tax liability in any jurisdiction.
- Subject to the requirement by domestic or overseas laws and regulations, We understand that the Management Company may withhold from our account(s) such amounts as may be required according to applicable laws, regulations and directives.
- We also undertake not to initiate any proceedings against the Management Company and / or any of its Collective Investment Scheme in case any amounts are withheld from our account and remitted to the local or foreign authorities / regulators.
- We hereby undertake to notify the Management Company within thirty (30) calendar days in case of any change in any information whatsoever which we have provided to the Management Company.
- We further agree and accept that the terms and conditions as contained herein shall form part and parcel of the account opening form and the terms and conditions of the account opening form as well other documentation shall remain in full force and effect.

_____ Authorized Signatory _____ Authorized Signatory _____ Authorized Signatory _____ Authorized Signatory



4. CUSTOMER DUE DILIGENCE SECTION

(This Section will be filled by Relationship Manager in consultation with contact person of the Institution)

(a) Type of Account: Institutional/ Corporate Account (Only Institution will invest in this Account through its Authorized Signatories in Pakistan)

(b) Purpose of Account:
 Investment Other (Please specify): _____

(c) Expected Investment Transactions in a Year (Rupees)
 UPTO RS. 5,000,000/- UPTO RS. 10,000,000/- UPTO RS. 25,000,000/- UPTO RS. 50,000,000/- UPTO RS. 75,000,000/-
 UPTO RS. 100,000,000/- UPTO RS. 500,000,000/- UPTO RS. 1,000,000,000/- ABOVE RS. 1,000,000,000/- UPTO RS. 75,000,000/-

(d) Expected Number of Investment Transactions in a Year
 UPTO 5 UPTO 10 UPTO 15 UPTO 20 ABOVE 20

(e) Expected Redemption Transactions in a Year (Rupees)
 UPTO RS. 5,000,000/- UPTO RS. 10,000,000/- UPTO RS. 25,000,000/- UPTO RS. 50,000,000/- UPTO RS. 75,000,000/-
 UPTO RS. 100,000,000/- UPTO RS. 500,000,000/- UPTO RS. 1,000,000,000/- ABOVE RS. 1,000,000,000/- UPTO RS. 75,000,000/-

(f) Expected Number of Redemption Transactions in a Year
 UPTO 5 UPTO 10 UPTO 15 UPTO 20 ABOVE 20

(g) Expected distribution/ delivery channel(s) which the customer would like to use
 ALL CHANNELS THROUGH RELATIONSHIP MANAGER ONLY THROUGH DISTRIBUTOR ONLY OTHER (PLEASE SPECIFY) _____

(h) Is the Institution Non-governmental organization (NGO)/ Not-for-profit organization (NPO)/ Charitable Institution?
 No Yes

(i) Is the Institution Real Estate Agency, Builder or Developer?
 No Yes

(j) Is the Institution dealing in precious metals (Gold, Silver, etc.) and stones (Gems)?
 No Yes

(k) Is the Institution involved in legal, accountancy, auditing, financial and/or tax consultancy?
 No Yes

(l) Overall Assessment of the Institution
 Satisfactory Unsatisfactory

(m) Preparer
 Name of Relationship Manager _____ Code of Relationship Manager _____

 Signature of Relationship Manager _____

(n) Reviewer
 Name of Senior Sales Staff _____ Code of Senior Sales Staff _____

 Signature of Senior Sales Staff _____

5. INVESTMENT FACILITATOR/ DISTRIBUTOR DETAILS (FOR OFFICIAL USE ONLY)

I confirm that i have verified the completeness of Account Opening Form and required documents. During verification, i have not identified any factor or event which may give rise to suspicion relating to money laundering and/or financing terrorism about the Institution and/or any of its directors/ partners/ trustees/ members of governing body/ members of executive committee. I will inform the Company if i identify any such factor or event in future relating to the Institution and/or any of its directors/ partners/ trustees/ members of governing body/ members of executive committee.

DISTRIBUTOR/ FACILITATOR NAME	CODE					DISTRIBUTOR'S STAMP WITH DATE AND TIME
BRANCH NAME	CITY					

6. REGISTRAR DETAILS (FOR OFFICIAL USE ONLY)

DATE AND TIME STAMPING	FORM RECEIVED BY	NAME AND SIGNATURE
	FORM AND DOCUMENTS VERIFIED BY	NAME AND SIGNATURE
	DATA INPUT BY	NAME AND SIGNATURE