




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 مہربانی اس بات کو یقینی بنائیے کہ آپ کا درخواست فارم / چیک ہمارے نمائندے کو دینے سے قبل مکمل طریقے سے پُر اور دستخط شدہ ہو۔ درخواست فارم موصول ہونے پر ہم آپ کو بذریعہ ای میل اور ایس ایم ایس مطلع کریں گے۔

Investor Registration Number (for official use only) No. _____

DATE: _____		Please write in block letters using black ink	
1. INSTITUTIONAL INVESTOR'S DETAILS (MANDATORY INFORMATION)			
NAME OF THE INSTITUTION			
INCORPORATION/ REGISTRATION NUMBER		DATE OF INCORPORATION/REGISTRATION	PLACE OF INCORPORATION
NAME AND DESIGNATION OF CONTACT PERSON			
NAMES OF SENIOR MANAGEMENT OF THE INSTITUTION			
DEPUTY CEO/ DEPUTY MANAGING DIRECTOR			
CHIEF OPERATING OFFICER			
COMPANY SECRETARY			
CHIEF FINANCIAL OFFICER			
CHIEF COMPLIANCE OFFICER/ HEAD OF COMPLIANCE			
CHIEF REGULATORY OFFICER			
TAX EXEMPTION STATUS FOR DIVIDEND	Yes <input type="checkbox"/> No <input type="checkbox"/> (if "Yes", please provide Tax Exemption Certificate)	NTN Number	
TAX EXEMPTION STATUS FOR CAPITAL GAIN TAX	Yes <input type="checkbox"/> No <input type="checkbox"/> (if "Yes", please provide Tax Exemption Certificate)		
INSTITUTION STATUS (Please provide required documents according to the status)	PUBLIC LISTED COMPANY <input type="checkbox"/>	PUBLIC UNLISTED COMPANY <input type="checkbox"/>	PRIVATE LIMITED COMPANY <input type="checkbox"/>
	SOLE PROPRIETORSHIP <input type="checkbox"/>	GOVERNMENT ACCOUNT <input type="checkbox"/>	ARMED FORCES ACCOUNT <input type="checkbox"/>
	DFI <input type="checkbox"/>	INSURANCE COMPANY <input type="checkbox"/>	MICRO FINANCE BANK <input type="checkbox"/>
	RESIDENTIAL SOCIETY <input type="checkbox"/>	ASSOCIATION <input type="checkbox"/>	NBFC <input type="checkbox"/>
	PROVIDENT FUND <input type="checkbox"/>	CLUB HOUSE <input type="checkbox"/>	ENDOWMENT FUND <input type="checkbox"/>
	PENSION FUND <input type="checkbox"/>	BENEVOLENT FUND <input type="checkbox"/>	INVESTMENT FUND (UNIT LINKED/ NON-UNIT LINKED) <input type="checkbox"/>
	GUARANTEE LIMITED COMPANY <input type="checkbox"/>	NGO/ NPO/ CHARITABLE INSTITUTION <input type="checkbox"/>	SUPERAUNNUATION FUND <input type="checkbox"/>
	WORKER'S PROFIT PARTICIPATION FUND <input type="checkbox"/>	GRATUITY FUND <input type="checkbox"/>	OTHERS (please specify) _____
2. KNOW YOUR CUSTOMER (KYC) - MANDATORY INFORMATION			
(a). NATURE OF BUSINESS	MANUFACTURING <input type="checkbox"/>	EXPLORATION <input type="checkbox"/>	BANKING SERVICES <input type="checkbox"/>
	REAL ESTATE/ BUILDERS <input type="checkbox"/>	RENTAL SERVICES <input type="checkbox"/>	MARKETING SERVICES <input type="checkbox"/>
	WHOLESALE <input type="checkbox"/>	IMPORT/ EXPORT <input type="checkbox"/>	WELFARE/ CHARITABLE WORK <input type="checkbox"/>
	RETAILER <input type="checkbox"/>	LEGAL & CONSULTANCY SERVICES <input type="checkbox"/>	RETIREMENT BENEFITS <input type="checkbox"/>
	INSURANCE SERVICES <input type="checkbox"/>	AGRICULTURE & AGRICULTURE PRODUCTS <input type="checkbox"/>	NON-BANKING FINANCIAL SERVICES <input type="checkbox"/>
	DISTRIBUTION SERVICES <input type="checkbox"/>	DAIRY FARMING & DAIRY PRODUCTS <input type="checkbox"/>	
	JEWELLER/ PERCIOUS METAL & STONES DEALER <input type="checkbox"/>	OTHERS (please specify) _____	
(b). Has your account ever been refused by any financial institution (Bank/ DFI/ NBFC, etc.) in Pakistan or abroad? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes then please explain reason for refusal: _____)			
(c). DOES YOUR INSTITUTION RECEIVE ANY TYPE OF DONATIONS? Yes <input type="checkbox"/> No <input type="checkbox"/>			
(d). NAME OF GROUP COMPANIES, if any			
(e). NAME AND CNIC NO. OF CEO/ MANAGING DIRECTOR/ PRESIDENT/ PRINCIPAL TRUSTEE			
NAME		CNIC/ NICOP/ PASSPORT NO.	
(f). NAME(s) AND CNIC NUMBER(s) OF DIRECTOR(s)/ PARTNER(s)/ TRUSTEE(s)/ MEMBER(s) OF GOVERNING BODY/ MEMBER(s) OF EXECUTIVE COMMITTEE			
NAME		CNIC/ NICOP/ PASSPORT NO.	
(g). PLEASE PROVIDE THE FOLLOWING DETAILS OF INDIVIDUAL (NATURAL PERSON) SHAREHOLDERS HOLDING 25% OR ABOVE STAKE IN YOUR INSTITUTION.			
NAME OF INDIVIDUAL (NATURAL PERSON) SHAREHOLDER		CNIC/ NICOP/ PASSPORT NO.	% OF SHAREHOLDING
(h). PLEASE PROVIDE THE FOLLOWING DETAILS OF INDIVIDUAL (NATURAL PERSON) IF ANY, WHO EXERCISE SIGNIFICANT INFLUENCE ON YOUR INSTITUTION OR HAS AN EXECUTIVE AUTHORITY IN YOUR INSTITUTION OR IN EQUIVALENT OR SIMILAR POSITIONS AND NOT COVERED IN (e), (f), & (g) ABOVE			
NAME		CNIC/ NICOP/ PASSPORT NO.	
			
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Account Opening Form For Institutions Only

(i). PLEASE PROVIDE THE FOLLOWING DETAILS OF THE LEGAL PERSONS HOLDING SHARES EQUAL TO 25% OR ABOVE IN YOUR INSTITUTION							
NAME OF LEGAL PERSON		NATURE OF BUSINESS			% OF SHAREHOLDING		

(j). PLEASE PROVIDE THE FOLLOWING DETAILS OF THE INDIVIDUAL (NATURAL PERSON) HOLDING SHARES EQUAL TO 25% OR ABOVE OF THAT LEGAL PERSON MENTIONED IN (h) 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

3. CONTACT DETAIL (Mandatory Information)

BUSINESS ADDRESS			
ADDRESS OF THE REGISTERED OFFICE (IF DIFFERENT FROM BUSINESS ADDRESS)			
TELEPHONE NO. OF THE CONTACT PERSON		MOBILE NUMBER OF THE CONTACT PERSON	
EMAIL ADDRESS OF THE CONTACT PERSON		FAX NO. OF THE INSTITUTION	

4. STATEMENT OF ACCOUNT DELIVERY INSTRUCTIONS

Please select any ONE nature of correspondence as per your convenience

☐ **By Email** (Statement of Account will be sent on transactions, Monthly and Semi Annually) OR ☐ **By Post** (Statement of Account will be sent on transactions and Annually)

NOTE: If No option is selected, Statement of Account will be sent Annually through email and if email is not available, statement will be sent through Post. The Company may charge fee for physical statement subject to the requirements of the Constitutive Documents of the Scheme.

5. BANK DETAILS (Mandatory Information)

BANK ACCOUNT TITLE			
COMPLETE BANK ACCOUNT No.		BANK NAME	
BRANCH NAME & ADDRESS			
IBAN			

6. ACCOUNT OPERATING INSTRUCTIONS (Mandatory Information)

SINGLE SIGNATORY ☐ ALL AUTHORIZED SINGATORIES ☐ JOINTLY (ANY TWO) ☐ OTHER (please specify) _____

7. 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)**

1. 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)".

2. 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 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: _____
Name of authorized person: _____	Address: _____	City/District _____	Postal Code _____	Name of Country: _____
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: _____

4. (a) We hereby undertake and confirm that the information provided by us hereinabove is true, accurate and complete.


(b) 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.

(c) 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.

(d) 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.

(e) 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.

(f) 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

8. INVESTMENT DETAIL

NAME OF SCHEME/ INVESTMENT PLAN				
AMOUNT IN FIGURES AND WORDS	(PKR_____)			
CLASS OR TYPE OF UNITS				
MODE OF PAYMENT	CHEQUE <input type="checkbox"/>	PAY ORDER <input type="checkbox"/>	DEMAND DRAFT <input type="checkbox"/>	BANK TRANSFER <input type="checkbox"/>
	ONLINE TRANSFER <input type="checkbox"/>	REMITTANCE <input type="checkbox"/>	RTGS <input type="checkbox"/>	
DRAWN ON (BANK AND BRANCH NAME)				
INSTRUMENT NUMBER				
INCOME PAYMENT FREQUENCY (in case of income 365 units only) if Income Payment Frequency is not selected then the Management Company will assume Income Payment Frequency as "Annually".				
MONTHLY <input type="checkbox"/>	QUARTERLY <input type="checkbox"/>	HALF-YEARLY <input type="checkbox"/>	ANNUALLY <input type="checkbox"/>	

9. DISTRIBUTION DEFAULT: REINVEST

Please tick (✓) if you want distribution encashed ☐

10. DECLARATION AND SIGNATURES

A. I/We, the undersigned, hereby declare that:

- the information provided in this Account Opening Form is correct, complete and up-to-date to the best of my/our knowledge and belief and the documents submitted along with this Account Opening Form are complete and valid in all respects;
- I/We have read and understood the relevant constitutive documents of the Scheme in which my/our institution is investing. I/We understand that all investments in Scheme are subject to market risk and the price of the Scheme's units may go down resulting in loss of principal investment;
- I/We understand that the Offer Price of the Scheme's Units may include Front-end Load and could be higher than NAV price of the Units;
- I/We have been provided with the latest Fund Manager Report (FMR) of the Scheme;
- I/We understand that any amount withheld by the Management Company on account of Capital Gain Tax (CGT) against disposal, in any form, of holdings can be less than that as calculated by NCCPL which shall be collected from my/our investment account, in accordance with the relevant laws;
- I/We understand that once the investment request has been received by the Investment Facilitator/ Distributor, it cannot be cancelled; and
- I/We understand that the Management Company of the Scheme has the sole discretion to allocate/ not to allocate Units of the Scheme.
- We understand that the Management Company may request for additional application form(s)/ document(s) to process my/our current and future investments in accordance with the requirements of the Anti-Money Laundering Act ("AML Act"), the Securities and Exchange Commission of Pakistan (Anti Money Laundering and Countering Financing of Terrorism) Regulations ("AML Regulations"), Guidelines on Anti-Money Laundering, Countering financing of Terrorism and Proliferation financing ("AML Guidelines") and AML/CFT and CDD/KYC Policies and Procedures of the Management Company. I/We will ensure to provide these required application form(s)/ document(s) within specified time. I/We also understand that in order to ensure compliance with aforesaid statutory laws and regulations, the Management Company may reject my/our investment and/or close my/our account if the required application form/ document is not provided to the Management Company within specified time or the required application form/ document is not complete and valid in all respects.
- I/We understand that transaction request received within Cut-Off Timings of the Business Day will be processed at the price of the Scheme applicable on that Business Day. Transaction request received after Cut-Off Timings of the Business Day or on a non-business day, will be processed at the price of the Scheme applicable on the next Business Day. I/We have seen the Cut-Off Timings of the Scheme available at the download section of the website (www.mcbfunds.com).

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).

C. I/We hereby acknowledge that I/We have reviewed the Total Expense Ratio, Management Fee percentage, Selling & Marketing expenses percentage, Front-end, Back-end and Contingent Load percentages of the Scheme as disclosed on the website link <https://www.mcbfunds.com/statutory-disclosures-for-unit-holders/>.

D. I/We understand that the Management Company reserves the right to obtain identity verification services (Biometric/NADRA Verisys) from NADRA to confirm the identification documents of Directors/Trustees/Members, Beneficial Owners and Authorized Signatories of my/our Institution. I/ We hereby allow the Management Company to confirm the identities of Directors/Trustees/Members, Beneficial Owners and Authorized Signatories of my/our Institution using identity verification services of NADRA. I/We will not hold the Management Company liable or responsible in any manner

E. I/We hereby allow the Management Company to verify bank account number(s) of my/our Institution through independent sources. I/We will not hold the Management Company liable or responsible in any manner.

FOR INVESTMENT IN UNIT 365-GROWTH AND 365-INCOME UNITS
I/We hereby acknowledge and understand that Bank-End Load will be applicable if units are redeemed before completion of 365 days from the date of initial investment as defined in Offering Document of the respective fund.

11. NAME AND SIGNATURES OF AUTHORIZED SIGNATORIES

1. NAME	SIGNATURE
CNIC NO. <table border="1" style="width: 100%; height: 15px;"></table>	
DESIGNATION	
2. NAME	SIGNATURE
CNIC NO. <table border="1" style="width: 100%; height: 15px;"></table>	
DESIGNATION	
3. NAME	SIGNATURE
CNIC NO. <table border="1" style="width: 100%; height: 15px;"></table>	
DESIGNATION	
4. NAME	SIGNATURE
CNIC NO. <table border="1" style="width: 100%; height: 15px;"></table>	
DESIGNATION	
COMPANY STAMP	

12. 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 _____

13. 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						

14. 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

RISK PROFILE AND LOAD DETAILS OF COLLECTIVE INVESTMENT SCHEMES/ADMINISTRATIVE PLAN

SHARIAH COMPLIANT							
Name of Collective Investment Scheme	Category of Collective Investment Scheme	Risk Profile	Risk of Principal Erosion	Investor Eligible Score	Front-end Load	Contingent Load	Back-end Load
Alhamra Cash Management Optimizer	Shariah Compliant Money Market	Low	Principal at low risk	=>11	1%	Nil	Nil
Alhamra Islamic Money Market Fund	Shariah Compliant Money Market	Low	Principal at low risk	=>11	Upto 1%	Nil	Nil
Alhamra Islamic Income Fund	Shariah Compliant Islamic Income	Medium	Principal at medium risk	=>15	Class A Units Individual - 1.5% Corporate - Nil Class B Units 0.75% Bachat Units Nil	Nil	Class A Units - Nil Class B Units 0.75% on redemption in the first (1st) year from the date of investment 0.5% on redemption in the second (2nd) year from the date of investment 0.0% on redemption after completion of two (2) years from the date of investment Bachat Units 3% if redeemed before completion of two years from the date of initial investment. 0% if redemption after completion of two years from the date of initial investment.
Alhamra Daily Dividend Fund	Shariah Compliant Islamic Income	Medium	Principal at medium risk	=>15	1%	Nil	Nil
Alhamra Islamic Asset Allocation Fund	Shariah Compliant Islamic Asset Allocation	High	Principal at high risk	=>22	Type A Units Individual - 3% Corporate - Nil Type B Units - Nil Type C - Bachat Units - Nil	Nil	Type A Units - Nil Type B Units 3.0% for first year after investment 2.0% for second year after investment 1.0% for third year after investment Nil for redemptions after completion of 3 years from investment Type C - Bachat Units - Two Years Option 3% if redeemed before completion of one year (12 months) from the date of initial investment. 2% if redeemed after completion of one year (12 months) but before two years (24 months) from the date of initial investment. 0% if redemption after completion of two years (24 months) from the date of initial investment. Type C - Bachat Units - Three Years Option 3% if redeemed before completion of one and a half year (18 months) from the date of initial investment. 2% if redeemed after completion of one and a half year (18 months) but before three years (36 months) from the date of initial investment. 0% if redemption after completion of three years (36 months) from the date of initial investment.*
Alhamra Islamic Stock Fund	Shariah Compliant Islamic Equity	High	Principal at high risk	=>22	Type B Units Individual - 3% Corporate - Nil Bachat Units - Nil	Nil	Type B Units - Nil Bachat Units - 2 Years Option 3% if redeemed before completion of two years from the date of initial investment. 0% if redemption after completion of two years from the date of initial investment. Bachat Units - 3 Years Option 3% if redeemed before completion of three years from the date of initial investment. 0% if redemption after completion of three years from the date of initial investment.
Alhamra Smart Portfolio	Fund of Funds Scheme	Medium	Principal at medium risk	=>15	Upto 3%	Nil	Nil



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