

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) \_\_\_\_\_

Date: \_\_\_\_\_

This Sahulat Sarmayakari Account is being opened in accordance with the requirements of SECP's Circular No. 26 of 2021 (as amended or replaced) for low risk customers. In this account, Maximum Annual Investment Limit is Rs. 800,000/-, Cumulative Investment Limit at any Point in Time is Rs. 1,000,000/- and Maximum Transaction Limit is Rs. 400,000/- per transaction. Maximum Annual Investment Limit means the investment inflows in an account during last one year, starting from date of account opening. Cumulative Investment Limit means net investment inflows in an account starting from date of account opening to any point in time.

## A - PRINCIPAL APPLICANT'S DETAILS (All fields are mandatory)

Please write in block letters using black ink

Name of the Investor (as per CNIC/SNIC/NICOP/POC)																	
Father's / Husband's Name (as per CNIC/SNIC/NICOP/POC)																	
CNIC/SNIC/NICOP/POC No.												Mother Maiden Name					
Date of Birth (as per ID Card)		d		d		m		m		y		y		Residential Status		<input type="checkbox"/> Resident Pakistani <input type="checkbox"/> Non-Resident Pakistani	
Mobile Number (Mandatory)		Ownership of Mobile Number		<input type="checkbox"/> Self (A) <input type="checkbox"/> Employer (B) <input type="checkbox"/> International Mobile Number (C) <input type="checkbox"/> Close Family Member (Spouse, Parent or Children) (D)		(Additional documents will be required in case of (B & C))											
Email Address (Mandatory)												Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender			
Nationality (Other than Pakistan)												City of Birth		Country of Birth			
Residential Address												City of Residence		Country of Residence			
Mailing Address												City		Country			
Zakat Exemption Status		Do you wish to deduct zakat from your account balance as per applicable laws of Pakistan? <input type="checkbox"/> Yes <input type="checkbox"/> No [If "No", please provide duly executed Zakat Affidavit (CZ-50)] I do hereby declare that I am Non-Muslim (Religion: _____) and according to my faith, I am not obliged to pay zakat.															

## B - BANK DETAILS

Title of Bank Account											Bank Name			
IBAN														

## C - 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.

## D - DIVIDEND DISTRIBUTION DEFAULT: REINVEST

Please tick (✓) if you want dividend distribution encashed

## E - RISK PROFILING QUESTIONNAIRE

Answering these questions will help to understand your investment objectives, risk/return expectation that will translate your needs into an asset allocation suitable to your investment needs. This questionnaire will provide only guideline and should not constitute as specific advice. You should make your fund allocation based on your own judgment and personal circumstances. Please tick the box in the left hand margin that corresponds to your choice.

1	Your current age	2	Your current employment status	3	For how long do you want to keep your investment before cashing out
<input type="checkbox"/>	More than 60 years	<input type="checkbox"/>	Retired (Life savings/Pension)	<input type="checkbox"/>	Less than 6 Months
<input type="checkbox"/>	46 - 60 years	<input type="checkbox"/>	House Wife/Student/Dependant	<input type="checkbox"/>	7 months to a year
<input type="checkbox"/>	30 - 45 years	<input type="checkbox"/>	Salaried Employee	<input type="checkbox"/>	Between 1 - 5 years
<input type="checkbox"/>	Less than 30 years	<input type="checkbox"/>	Own Business	<input type="checkbox"/>	Over 5 years
4	What portion of your current investments(if any) are invested in the Stock Market ?	5	What are you investing for?	6	How would you react if your portfolio value falls below what you initially invested?
<input type="checkbox"/>	76 - 100 %	<input type="checkbox"/>	Regular Income - e.g kitchen expenses	<input type="checkbox"/>	Encash my investment immediately
<input type="checkbox"/>	51 - 75 %	<input type="checkbox"/>	Cash Management - e.g fulfilling short-term goals	<input type="checkbox"/>	Transfer my investment to a more secure fund
<input type="checkbox"/>	21 - 50 %	<input type="checkbox"/>	Capital growth - e.g education/marriage	<input type="checkbox"/>	I will hold my investment and wait for better returns
<input type="checkbox"/>	0 - 20 %	<input type="checkbox"/>	Long term savings - e.g retirement planning	<input type="checkbox"/>	Invest additional amount to reduce my average cost

## Scoring Of Risk Profiling Results

Question Number	1	2	3	4	5	6	TOTAL
Your Score							
Risk Profile and Score Range	Score Range			Investor Risk Profile			
	Score 1 to 10			Very Low			
	Score 11 to 14			Low			
	Score 15 to 21			Medium			
Score 22 to 28			High				

For selecting Collective Investment Scheme of MCBIM as per your Risk Profile, please refer last page of this Form

I understand that this Risk Profiling Questionnaire ("RPQ") will help me in assessing my risk appetite based on my need and the information provided by me. The Company and its representative have helped me in understanding the implication of scores derived from RPQ on my scheme/plan selection. I am aware that my different savings needs may have different risk appetite which may change over time depending on my personal situation and objectives. I also understand that this RPQ does not constitute, in any manner, advice given by the Company or its representative. I also understand that my current and future investment, conversion and transfer transactions may not match with the risk score derived from this RPQ. I will not hold the Company or its representative liable or responsible for these transactions in any manner.

## F - FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA") SECTION

Please tick (✓) Yes or No for each of the following questions:

	YES	NO
(a) Are you a U.S. Resident?		
(b) Are you a U.S. Citizen?		
(c) Are you holding a U.S. Permanent Resident Card (Green Card)?		
(d) Are you registered in the US as a tax payer?		

Note: If answer to any of the above-mentioned questions is "Yes" then please complete Form W-9 "Request for Taxpayer Identification Number and Certification".

**G - INDIVIDUAL TAX RESIDENCY SELF-CERTIFICATION ("CRS-1") SECTION**

Fill and complete this section only if your Tax Residency is other than USA and Pakistan otherwise mark "Not Applicable (N/A)"

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 tax 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, Reason B or Reason 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	TIN	IF NO TIN AVAILABLE ENTER REASON A, B OR C
1		
2		
3		

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.

1	
2	
3	

**H - KNOW YOUR CUSTOMER DETAILS**

Permanent resident in Pakistan (To be filled by NICOP holders only) Yes  No

Education	Under Graduate <input type="checkbox"/>	Graduate <input type="checkbox"/>	Post Graduate <input type="checkbox"/>	Professional Qualification <input type="checkbox"/>	Shariah Qualification <input type="checkbox"/>
	Technical Qualification <input type="checkbox"/>	Illiterate <input type="checkbox"/>			
Occupation	Armed Forces Service (A) <input type="checkbox"/>	Business/ Self-Employed (B) <input type="checkbox"/>	Government Service (C) <input type="checkbox"/>		
	Private Service (D) <input type="checkbox"/>	Retired/ Pensioner (E) <input type="checkbox"/>	Unemployed/ House wife (F) <input type="checkbox"/>		

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/ RANK (TO BE FILLED IN CASE OF A, C, & E)

NATURE OF BUSINESS (TO BE FILLED IN CASE OF B)

Profession	Accountant <input type="checkbox"/>	Advocate/ Lawyer <input type="checkbox"/>	Agriculturist/ Dairy Farmer <input type="checkbox"/>	Antique Dealer <input type="checkbox"/>	Architect <input type="checkbox"/>	Artist <input type="checkbox"/>
	Auditor <input type="checkbox"/>	Banker <input type="checkbox"/>	Bureaucrat <input type="checkbox"/>	Technician <input type="checkbox"/>	Distributor/Agent <input type="checkbox"/>	Doctor <input type="checkbox"/>
	Economist <input type="checkbox"/>	Electrician <input type="checkbox"/>	Engineer <input type="checkbox"/>	Gems Dealer <input type="checkbox"/>	Importer/ Exporter <input type="checkbox"/>	IT Professional <input type="checkbox"/>
	Jeweller <input type="checkbox"/>	Journalist <input type="checkbox"/>	Judge <input type="checkbox"/>	Labourer <input type="checkbox"/>	Landlord <input type="checkbox"/>	Manufacturer <input type="checkbox"/>
	Soldier <input type="checkbox"/>	Student <input type="checkbox"/>	Mechanic <input type="checkbox"/>	Media Person <input type="checkbox"/>	Notary Public <input type="checkbox"/>	Nurse <input type="checkbox"/>
	Transporter <input type="checkbox"/>	Wholesaler <input type="checkbox"/>	Pharmacist <input type="checkbox"/>	Plumber <input type="checkbox"/>	Police Officer <input type="checkbox"/>	Real Estate Agent <input type="checkbox"/>
	Scientist <input type="checkbox"/>	Real Estate Builder <input type="checkbox"/>	Welfare/ Social Worker <input type="checkbox"/>	Teacher <input type="checkbox"/>	Real Estate Developer <input type="checkbox"/>	Retailer/ Shop Keeper <input type="checkbox"/>
	Partner In Legal / Professional Firm <input type="checkbox"/>		Legal/ Financial/ Tax Consultant <input type="checkbox"/>		Partner in Business Partnership <input type="checkbox"/>	
	Other <input type="checkbox"/>	If "Others" is selected then please specify _____				

Regular source(s) of income/ funds (multiple options can be selected)	Salary Income <input type="checkbox"/>	Business Income <input type="checkbox"/>	Rental Income <input type="checkbox"/>	Savings <input type="checkbox"/>	Stocks/ Investments <input type="checkbox"/>
	Proceeds from Inheritance <input type="checkbox"/>	Agriculture Income <input type="checkbox"/>	Monthly Pension <input type="checkbox"/>	Gift Proceeds <input type="checkbox"/>	Remittances from Third Party <input type="checkbox"/>
	Sale Proceeds of Property <input type="checkbox"/>	Remittances from Family Member <input type="checkbox"/>		Sale Proceeds of Furniture, Fixtures & Equipment <input type="checkbox"/>	
	Sale Proceeds of Vehicle <input type="checkbox"/>	Retirement Benefits (Provident Fund/ Gratuity, etc.) <input type="checkbox"/>		Student receiving Funds from Blood Relative <input type="checkbox"/>	
	Housewife receiving Funds From Husband/ Child/ Blood Relative <input type="checkbox"/>				

ANNUAL INCOME	Below Rs. 1,000,000/- <input type="checkbox"/>	From Rs. 1,000,000/- TO RS. 2,500,000/- <input type="checkbox"/>	From Rs. 2,500,001/- TO RS. 5,000,000/- <input type="checkbox"/>
	From Rs. 5,000,001/- TO RS. 7,500,000/- <input type="checkbox"/>	From Rs. 7,500,001/- TO RS. 10,000,000/- <input type="checkbox"/>	From Rs. 10,000,001/- TO RS. 12,500,000/- <input type="checkbox"/>
	From Rs. 12,500,001/- TO RS. 15,000,000/- <input type="checkbox"/>	From Rs. 15,000,001/- TO RS. 20,000,000/- <input type="checkbox"/>	From Rs. 20,000,001/- TO RS. 25,000,000/- <input type="checkbox"/>
	Above Rs. 25,000,000/- <input type="checkbox"/>		

Politically Exposed Person (PEP) Assessment Are you/ your family member/ your close associate OR have you/ your family member/ your close associate ever been entrusted with the following functions either in Pakistan or abroad?

	YES	NO		YES	NO
HEAD OF STATE			SENIOR MILITARY OFFICIAL		
HEAD OF GOVERNMENT			SENIOR EXECUTIVE OF STATE OWNED CORPORATION		
SENIOR POLITICIAN			IMPORTANT POLITICAL PARTY OFFICIAL		
SENIOR GOVERNMENT OFFICIAL			SENIOR EXECUTIVE OF INTERNATIONAL ORGANIZATION		
SENIOR JUDICIAL OFFICIAL			MEMBER OF THE BOARD OF INTERNATIONAL ORGANIZATION		

If answer to any of the above question is "Yes" then you are requested to provide the following details of PEP:

Name of PEP		Relationship with Customer	<input type="checkbox"/> Self <input type="checkbox"/> Family Member <input type="checkbox"/> Close Associate
Name of Department/ Company	Designation	Grade/ Rank	

Politically Exposed Person or PEP means an individual who is or has been entrusted with a prominent public function either domestically or by a foreign country, or in an international organization. For example: President, Prime Minister, Chairman Senate, Speaker of National/ Provisional Assembly, MNA, MPA, Senator, Senior Government Official (BPS Grade 20 or above), Senior Judicial Official (Registrar/ Magistrate/ Judge), Senior Military Official (Brigadier/ Commodore/ Air Commodore or above), Senior Executive (e.g. chief executive officer/ managing director, deputy managing director, chief operating officer, company secretary, chief financial officer, chief compliance officer or chief regulatory officer) of State Owned Corporation (e.g. SECP, SBP, FBR, PSO, PPL, OGDCL, etc.), Senior Politician, Senior Executive of International Organization (e.g. UNO, UNESCO, World Bank, IMF, etc.), Member of the Board of International Organization, etc. Family Member of a PEP includes spouse, parent, son, daughter, grandparent, grandchild, brother and sister. Close Associate of a PEP means an individual who is reasonably known to be closely connected with the PEP for any reason including socially or professionally such as partner, close business associate, joint beneficial owner, legal advisor, consultant, etc.

**I - DECLARATION AND SIGNATURE**

**ACCOUNT OPENING**

**MOBILE NUMBER OWNERSHIP :** Incase ownership is in the name of Family Member; I undertake and confirm that I have taken permission from my closed family member to use his/ her mobile number for opening an account with MCBIM.

- I hereby declare that:
- (a) the information provided in this account opening form is correct, complete and up-to-date to the best of my knowledge and belief and the document(s) submitted along with this account opening form are complete and valid in all respects. I will inform MCBIM (hereinafter referred to as "MCBIM") if there is any change in the information/ document provided;
  - (b) the funds to be invested in the Collective Investment Schemes and/or Voluntary Pension Schemes managed by MCBIM (hereinafter referred to as "MCBIM Schemes") are my own funds and the funds beneficially owned by any other person will not be used for making investment in MCBIM Schemes;
  - (c) I authorize MCBIM to use my information and documents for necessary due diligence and verification;
  - (d) I understand that MCBIM may request for additional application form(s)/ document(s) to process my 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 MCBIM. I will ensure to provide these required application form(s)/ document(s) within specified time. I also understand that in order to ensure compliance with aforesaid statutory laws and regulations, MCBIM may reject my investment and/or close my account if the required application form/ document is not provided to MCBIM within specified time or the required application form/ document is not complete and valid in all respects;
  - (e) I understand that investment in MCBIM Scheme will be subjected to Zakat deduction if duly executed Zakat Affidavit (CZ-50) is not submitted to MCBIM; and
  - (f) I understand that the amount withheld by MCBIM on account of Capital Gain Tax (CGT) against disposal, in any form, of my holdings can be less than that as calculated by NCCPL. In this case, the differential amount shall be collected from my investment account in accordance with the relevant laws.
  - (g) 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.
  - (h) 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.

**FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)**

- (a) I hereby confirm that the information provided for FATCA purposes is true, accurate and complete;
- (b) Subject to applicable local and foreign laws, I hereby consent for MCBIM, the Trustee of the Collective Investment Schemes/ Voluntary Pension Schemes or any of their affiliates (including without limitation branches) to share my information with domestic and overseas tax authorities, where necessary to establish my tax liability in any jurisdiction;
- (c) Subject to the requirements of domestic or overseas laws, I consent and agree that MCBIM or the Trustee of the Collective Investment Schemes/ Voluntary Pension Schemes may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives;
- (d) I hereby undertake not to initiate any proceedings against MCBIM and the Trustee of the Collective Investment Schemes/ Voluntary Pension Schemes in case any amounts are withheld from my account and remitted to the local or foreign authorities/regulators;
- (e) I hereby undertake that I have not granted a Power of Attorney to a person who has an address outside Pakistan to operate the Investor Account (either physically or electronically);
- (f) I hereby undertake that I have no intention to set up Payment Standing Instruction(s) for the banking account(s) and beneficiary account(s) in a country outside Pakistan;
- (g) I hereby undertake to notify MCBIM within thirty (30) calendar days in case of any change in any information whatsoever which I have provided to MCBIM; and
- (h) I further agree and accept that the terms and conditions as contained herein shall form part and parcel of the account opening and the terms and conditions of the account opening as well other documentation shall remain in full force and effect.

**INDIVIDUAL TAX RESIDENCY SELF-CERTIFICATION (CRS-1)**

- (a) 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 MCBIM Schemes setting out how MCBIM and MCBIM Schemes may use and share the information supplied by me;
- (b) I acknowledge that the information provided during this account opening process 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 is 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;
- (c) I certify that I am the Account Holder of the account to which this information relates;
- (d) 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;
- (e) I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete; and
- (f) I undertake to advise MCBIM and MCBIM Schemes within thirty (30) days of any change in circumstances which affects my tax residency status or causes the information contained herein to become incorrect or incomplete, and to provide MCBIM with a suitably updated self-certification and declaration within thirty (30) days of such change in circumstances

CURRENT PRINCIPAL APPLICANT'S SIGNATURE / LEFT HAND THUMB IMPRESSION	PRINCIPAL APPLICANT'S SIGNATURE AS PER CNIC/ NICOP/ PASSPORT	IN CASE OF INVESTOR HAVING THUMB IMPRESSION OR UNSTABLE/SHAKY/IMMATURE SIGNATURE, ATTESTATION OF GAZETTED OFFICER (BPS-17 AND ABOVE)/ BRANCH MANAGER OF THE BANK/ NOTARY PUBLIC/ AUTHORIZED OFFICER OF THE MCBIM AND TWO ADULT MALE WITNESSES SHALL BE REQUIRED. A PASSPORT SIZE PHOTOGRAPH WILL ALSO BE OBTAINED FROM SUCH INVESTOR.												
		<table border="1"> <tr> <td>ATTESTATION OF BRANCH MANAGER</td> <td colspan="2">WITNESSES (ADULT MALE PERSONS ONLY)</td> </tr> <tr> <td>NAME: _____</td> <td>NAME: _____</td> <td></td> </tr> <tr> <td>CNIC: _____</td> <td>CNIC: _____</td> <td></td> </tr> <tr> <td>SIGNATURE: _____</td> <td>SIGNATURE: _____</td> <td></td> </tr> </table>	ATTESTATION OF BRANCH MANAGER	WITNESSES (ADULT MALE PERSONS ONLY)		NAME: _____	NAME: _____		CNIC: _____	CNIC: _____		SIGNATURE: _____	SIGNATURE: _____	
ATTESTATION OF BRANCH MANAGER	WITNESSES (ADULT MALE PERSONS ONLY)													
NAME: _____	NAME: _____													
CNIC: _____	CNIC: _____													
SIGNATURE: _____	SIGNATURE: _____													

**J - HOW DID YOU HEAR ABOUT US ?**

Newspapers / Advertising  Friends / Relatives  Facebook  Instagram  LinkedIn  Youtube   
 Others \_\_\_\_\_  
 (Please Specify)

**K - INVESTMENT FACILITATOR / DISTRIBUTOR DETAILS (FOR OFFICIAL USE ONLY)**

Please write the complete address of the premises where you visited the customer:

HAVE YOU SEEN ORIGINAL CNIC/NICOP OF THE CUSTOMER? YES  NO   
 HAS THE CUSTOMER SIGNED (CNIC/NICOP'S SIGNATURE) IN YOUR PRESENCE? YES  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 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 Company if I identify any such factor or event in future relating to the Principal Applicant and/or Joint Holder(s).

DISTRIBUTOR / FACILITATOR NAME	CODE	Distributor's Stamp with date and time
BRANCH NAME	CITY	

**L - REGISTRAR DETAILS (FOR OFFICIAL USE ONLY)**

Date and Time Stamping	FORM RECEIVED BY	Name and Signature
	DATE, FORM AND ATTACHMENTS 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	<b>Class A Units Individual - 1.5%</b> <b>Corporate - Nil</b> <b>Class B Units 0.75%</b> <b>Bachat Units Nil</b>	Nil	<b>Class A Units - Nil</b> <b>Class B Units</b> 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 <b>Bachat Units</b> 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	<b>Type A Units Individual - 3%</b> <b>Corporate - Nil</b> <b>Type B Units - Nil</b> <b>Type C - Bachat Units - Nil</b>	Nil	<b>Type A Units - Nil</b> <b>Type B Units</b> 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 <b>Type C - Bachat Units - Two Years Option</b> 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. <b>Type C - Bachat Units - Three Years Option</b> 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	<b>Type B Units Individual - 3%</b> <b>Corporate - Nil</b> <b>Bachat Units - Nil</b>	Nil	<b>Type B Units - Nil</b> <b>Bachat Units - 2 Years Option</b> 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. <b>Bachat Units - 3 Years Option</b> 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
Alhamra Government Securities Plan I (An Allocation Plan of Alhamra Government Securities Fund)	Shariah Compliant Islamic Income	Medium	Principal at medium risk	=>15	Upto 2%	Nil	Nil