AL Habib Asset Management Limited

A wholly owned subsidiary of Bank AL Habib Limited

ACCOUNT OPENING FORM

CORPORATE FORM

Date: D D M M Y Y Y Y

Account Number :

IMPORTANT INFORMATION / INSTRUCTIONS

1. Please fill this form in BLOCK LETTERS in clear hand writing or typed.
2. It is the responsibility of the applicant/investor to provide correct, complete and up-to-date information; and inform AL Habib Asset Management Limited whenever there is any change.
3. Application incomplete in any respect and/or not accompanied by required documents may be rejected or held until complete requirements are fulfilled.
4. Use of the name and logo of 'Bank AL Habib Limited' (the Bank) as given above does not mean that the Bank is responsible for the liabilities/obligations of 'AL Habib Asset Management Limited' or any investment scheme(s) managed by it.

INVESTOR DETAILS

Name of Investor: _____

Registration Number : _____ NTN Number: _____

Date of Registration : D D M M Y Y Y Y

Unique Identification Number : _____ CDC Sub / IAS Account: _____

Registered Address: _____

City / Town : _____ Postal Code : _____ Country : _____

Mailing Address: _____
(if different from above)
City / Town : _____ Postal Code : _____ Country : _____

Contact Person Name : _____

Tel : _____ Fax : _____ Mobile : _____

Email (1): _____ Email (2): _____

BANK ACCOUNT DETAILS

Redemption proceeds and payouts will be made to the bank account as provided by investor.

Bank : _____

Branch : _____ City : _____

Account Number:

IBAN Number :

OTHER INSTRUCTIONS

Tax Exemption for Dividend ☐ No (Default) ☐ Yes (Please provide Exemption Certificate)

Tax Exemption for Capital Gain ☐ No (Default) ☐ Yes (Please provide Exemption Certificate)

(In case no option is selected, 'No' will be considered for exemptions).

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

Mode of Communication to unit holders : ☐ Electronic ☐ Physical

(In case no option is selected, 'Reinvestment' for Dividend Payout and 'No' for Bonus Encashment will be considered).

Dividend Pay Out : ☐ Reinvestment ☐ Cash
(Net of deductions)

Bonus Encashment : ☐ No ☐ Yes
(Net of deductions)

AUTHORIZED SIGNATORY(IES)

Operating Instructions :

☐ Singly ☐ Jointly by all ☐ Jointly by any two ☐ Instruction attached

(1) Name: _____

CNIC/ NICOP/ Passport/ No: | | | | | | | | | | | | | |

Issue Date : D D M M Y Y Y Y Expiry Date : D D M M Y Y Y Y ☐ Life Time

Signature

(2) Name: _____

CNIC/ NICOP/ Passport/ No: | | | | | | | | | | | | | |

Issue Date : D D M M Y Y Y Y Expiry Date : D D M M Y Y Y Y ☐ Life Time

Signature

(3) Name: _____

CNIC/ NICOP/ Passport/ No: | | | | | | | | | | | | | |

Issue Date : D D M M Y Y Y Y Expiry Date : D D M M Y Y Y Y ☐ Life Time

Signature

(4) Name: _____

CNIC/ NICOP/ Passport/ No: | | | | | | | | | | | | | |

Issue Date : D D M M Y Y Y Y Expiry Date : D D M M Y Y Y Y ☐ Life Time

Signature

(Use separate sheet for more signatories)

KYC DETAILS

(Mandatory for compliance with regulatory requirements)

Company Status.

☐ Public Listed Company ☐ Private Limited Company ☐ Partnership/ AOP ☐ Sole Proprietorship
☐ Public Unlisted Company ☐ Executors / Administrators ☐ Society / Trust / Club ☐ Others _____

Type of Institution:

☐ Manufacturing Company ☐ Commercial Bank ☐ Pension Fund ☐ NGO/ NPO/ Charitable Institution
☐ Service Industry ☐ Insurance Company ☐ Provident/Gratuity Fund ☐ Residential Society
☐ Trading Company ☐ Micro Finance Bank ☐ Endowment Fund ☐ Educational Institute
☐ Professional ☐ Mutual Fund ☐ Other Retirement Fund ☐ Government Account
☐ DFI / NBFI / NBFC ☐ Modaraba ☐ Investment Fund ☐ Armed Forces Account
☐ Others (Please Specify) _____

Type of Institution:

Is the applicant Public Sector Enterprise? ☐ No ☐ Yes

Nature of Business		
Business Domestic Geographic Involved	Domestic: ☐ Sindh ☐ Punjab ☐ KP ☐ Balochistan ☐ Others _____	International: ☐ FATF Compliant ☐ FATF Non-Compliant
Type of Counterparties	Domestic: ☐ Sindh ☐ Punjab ☐ KP ☐ Balochistan ☐ Others _____	International: ☐ FATF Compliant ☐ FATF Non-Compliant

Possible Modes of Transactions:	☐ Online	☐ Physical	☐ Both	
Expected No. of transaction Monthly:	☐ 0 to 5	☐ 6 to 10	☐ 11 to 15	☐ Above 15
Expected investment amount per transaction (Rs.):	☐ Upto 5 Lac	☐ Upto 1 million	☐ Upto 10 million	☐ Above 10 million
Expected investment transaction per month (Rs.):	☐ Upto 10 Million	☐ Upto 50 million	☐ Upto 100 million	☐ Above 100 million
Purpose and intended nature of business relationship:	☐ Saving	☐ Investment	☐ Both	

a)	1) Is your entity operating in any country other than Pakistan? (If "Yes", please tick below point #2):	☐ Yes	☐ No
	2) Does your entity belong to a country that is not part of FATF (Financial Action Task Force):	☐ Yes	☐ No
b)	Does your entity have any business relationship or transactions in/ from offshore Tax Haven countries?	☐ Yes	☐ No
c)	Has any Financial Institution ever refused to open your account?	☐ Yes	☐ No
d)	Is your entity's source of wealth/ income cash intensive?	☐ Yes	☐ No
e)	Does your entity deal in high value items i.e. Gold, Silver, Diamonds, Metals, and Gems etc.?	☐ Yes	☐ No
f)	Is your entity a resident or inhabitant of Southern Punjab or Afghan Border?	☐ Yes	☐ No
g)	Is your entity's Directors/ UBOs domestic or foreign "Politically Exposed Person" (PEP)?	☐ Yes	☐ No
h)	Is your entity's Directors/ UBOs or their family member a close associate of a domestic or foreign PEP?	☐ Yes	☐ No

Foreign Account Tax Act (FATCA) Information

1. Name of Institution : _____

2. Registered Address : _____

City : _____ State/Province : _____ Country : _____

3. Mailing Address : _____

City : _____ State/Province : _____ Country : _____

4. Contact Details (With Country and City Code) : _____

1. _____ 2. _____ 3. _____

5. Country of Incorporation/Registration: _____

6. Does any of the owners/partners/directors are US Citizens, US Resident or Holds US Permanent Resident Card (Green Card)?

   (Tick the Correct option) ☐ No ☐ Yes

   (If answer of the question 6 is yes, please answer question 7, otherwise mark NA)

7. What is the Percentage of shares or voting rights held by owners/directors who are US Persons? _____ % ☐ Not Applicable

8. If you are registered with Internal Revenue Service (IRS) of United States of America, kindly provide the following information;

   a. US Taxpayer`s Identification Number (TIN):

For Financial Institutions Only:

9. Are your registered with IRS under FATCA: (Please mark the correct option)
   (If the answer of question 9 is yes, please answer question 10, otherwise go to question 11) ☐ No ☐ Yes

10. Please provide your Global Intermediary Identification Number (GIIN): _____

11. What is your current status under FATCA: _____

DECLARATION

I/We hereby confirm that the information provided above is true, accurate and complete. Further, I/we undertake to notify AL Habib Asset Management Limited within 30 calendar days if there is a change in any information provided.

I/We provide our consent regarding sharing and disclosing our personal and other information. I/We further request you to open our account in AL Habib Asset Management Limited as per the given details. We hereby acknowledge having read and understood the relevant Trust Deed, Offering Document and associated risks. We confirm that the information furnished by us herein, is true, correct and complete in all respects.

Authorized Signatories:

Name	Signature & Stamp

CRS Self Certification Form - Entity

Please complete Parts 1 to 4 in BLOCK LETTERS

Part 1	Identification of Account Holder information has been obtained in Page 01

Part 2	Tax Residence Information

Please complete the following table indicating (i) the country (or countries) in which the Account Holder is a resident for tax purposes and (ii) the Account Holder`s Taxpayer Identification Number or functional equivalent (hereafter referred to as 'TIN') for each country indicated.

If the Account Holder is not a resident for tax purposes in any jurisdiction, for example, it is fiscally transparent, please indicate that on line 1 of the following table and provide its place of effective management or country in which its principal office is located.

If the Account Holder is a resident for tax purposes of more than three countries, please separate sheet.

If a TIN is unavailable, please provide reason A, B or C where appropriate:

Reason A : The country where Account Holder is liable to pay tax does not issue TINs to its residents.

Reason B : The Account Holder is otherwise unable to obtain a TIN or functional equivalent (please explain why Account Holder is unable to obtain a TIN in the table below if you have selected this reason)

Reason C : No TIN is required (note: only select this reason if the authorities of the country of residence for tax purposes entered below do not require the TIN to be disclosed)

No.	Company of Residence for Tax Purpose	TIN	If No TIN is available enter Reason A,B or C
1			
2			
3			

No.	If Reason B selected above, explain why the Account Holder is unable to obtain a TIN in the Corresponding row Below
1	
2	
3	

Part 3	Entity Type

Only tick one box from 1A. to 1G. to provide the Account Holder's status.

Financial Institution (FI)
☐ 1A. Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution (complete the 'Controlling Person of Entity' section below if ticking this box)
☐ 1B. Other Financial Institution

Non-Financial Entity (NFE)
☐ 1C. Active NFE – A corporation that is publicly traded or a Related Entity of a publicly traded corporation
☐ The Account Holder is a corporation, the stock of which is regularly traded on which is an established securities market.
☐ The Account Holder is a Related Entity of _____ , a corporation, the stock of which is regularly traded on _____ , which is an established securities market.

☐	1D. Active NFE – A Governmental Entity or Central Bank
☐	1E. Active NFE – An International Organisation
☐	1F. Active NFE (other than Entity 1C. to 1E.): i. Active business ii. Holding company that is a member of a non-financial group iii. Start-up company iv. Liquidating company v. Financial company of a non - financial group vi. Charity or non-profit organization
☐	1G. Passive NFE: A NFE that is not an Active NFE (complete the 'Controlling Person of Entity' section below if ticking this box)

Controlling Person of Entity (to be completed if you ticked 1A. or 1G. above)

2A. Indicate the name of any Controlling Person(s) of the Account Holder:

_____

_____

_____

2B. Complete Entity Annex for each Controlling Person:

Note: If there are no natural person(s) who exercise control of the Account Holder then the Controlling Person will be the natural person(s) who hold the position of senior managing official.

Part 4	Declaration and Signature

I understand that the information supplied by me is subject to the terms and conditions governing the Account Holder's. I acknowledge that the information contained in this Form and information regarding the Account Holder and any Reportable Account(s) may be provided, directly or indirectly , to any relevant tax authority, including 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 resident for tax purposes pursuant to bilateral or multilateral agreements between governments to exchange financial account information.

Certification:

I certify that I am authorized to sign for the Account Holder of all of the account(s) to which this Form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to submit a suitably updated Form within 30 calendar days of any change in circumstances which affects the tax residency status of the Account Holder or where any information contained herein to become incorrect .

_____ _____ D D M M Y Y Y Y

Signature of individual(s) /authorized to sign for Account Holder | Print Name | Date

Note: Please indicate the capacity in which you are signing the Form.

Capacity:

_____

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. I/We confirm, that I/We have understood the details of Sales load to be deducted including taxes thereon as well as the advice given in the Risk Profile section. I/We hereby assure to the AL Habib Asset Management Limited, that the proceeds invested 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 provide consent to AL Habib Asset Management Limited, to perform my/our and director's KYC related verification including NADRA Verisys, IBAN and Mobile Number verification.

I/We hereby permit AL Habib Asset Management Limited, subject to applicable local laws to share my/our information with domestic or overseas regulators or tax authorities where necessary to establish my/our tax liability in any jurisdiction. 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(s) such amount as may be required according to applicable laws, regulation and directives. 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 external tax authorities.

I/We hereby undertake, to notify AL Habib Asset Management Limited within 30 calendar days, 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 within a stipulated time.

AUTHORIZED SIGNATORIES [AS PER CNIC] (With Company Stamp)

(1) Authorized Signatory	(2) Authorized Signatory	(3) Authorized Signatory	(4) Authorized Signatory

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: (To be filled by Registrar/ISD)

Application will not be processed without receipt of documents mentioned below.

- ☐ Memorandum and Articles of Association/By Laws/Trust Deed
- ☐ Certificate of Incorporation/ Registration
- ☐ List of Directors/Trustees/ Partners along with copies of their CNIC/NICOP
- ☐ Latest Audited Financial Statement /Income Tax Return
- ☐ Form A and Form 29, (where applicable)
- ☐ Ultimate Beneficiary Owner(s)
- ☐ CNIC/NICOP Copies of Authorized Signatories
- ☐ Tax Exemption Certificates (where applicable)
- ☐ List of authorized signatories, along with Board/Trustee Resolution /Power of Attorney (Authorizing Investment)

(All documents should be certified)

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 : _____