AL Habib Asset Management Limited

A wholly owned subsidiary of Bank AL Habib Limited

INVESTMENT FORM

WE DO NOT ACCEPT CASH

Date : D D M M Y Y Y Y Account Number : **Transaction ID:** _____ (for office use)

CNIC/NICOP/ B Form No : (In case of initial investment minimum investment Rs. 5,000/-)

Account Title :

STATEMENT OF RISK ASSESSMENT

S. No.	NAME OF FUND	FUND CATEGORY	RISK PROFILE	RISK OF PRINCIPAL EROSION
1.	AL Habib Cash Fund	Money Market Scheme	Very Low	Principal at Very Low Risk
2.	AL Habib Money Market Fund	Money Market Scheme	Very Low	Principal at Very Low Risk
3.	AL Habib Islamic Cash Fund	Shariah Compliant Money Market Scheme	Very Low	Principal at Very Low Risk
4.	AL Habib Islamic Money Market Fund	Shariah Compliant Money Market Scheme	Very Low	Principal at Very Low Risk
5.	AL Habib Government Securities Fund	Income Scheme	Moderate	Principal at Moderate Risk
6.	AL Habib Income Fund	Income Scheme	Medium	Principal at Medium Risk
7.	AL Habib Sovereign Income Fund	Sovereign Income Scheme	Medium	Principal at Medium Risk
8.	AL Habib Islamic Income Fund	Shariah Compliant Income Scheme	Medium	Principal at Medium Risk
9.	AL Habib Islamic Savings Fund	Shariah Compliant Income Scheme	Medium	Principal at Medium Risk
10.	AL Habib Asset Allocation Fund	Asset Allocation Scheme	High	Principal at High Risk
11.	AL Habib Stock Fund	Equity Scheme	High	Principal at High Risk
12.	AL Habib Islamic Stock Fund	Shariah Compliant Equity Scheme	High	Principal at High Risk

Undertaking by Investor:

I/ We hereby undertake that the risk associated with the respective product(s) has been adequately explained, disclosed and understood by me/us. I/ We have reviewed the results of my/our risk assessment which only provides guideline in determining my risk profile and it does not constitute as an advice/ recommendation in selecting Fund(s) and I/We have decided to invest in Fund(s) which may have a risk level higher/lower than risk profiling questionnaire. This is completely my/our own personal investment decision and AHAML or its sales representatives would not be held responsible in case of any financial consequences. I/We fully understand that I/We am/are taking more/lesser risks in exchange for possible return. I/We expressly agree to assume such risk.

Signature **Signature** **Signature** **Signature**

INVESTMENT DETAILS Please ensure payment is made in the name of "CDC Trustee <Fund Name>".

S. No.	NAME OF FUND	FRONT END LOAD %	MODE OF PAYMENT & INSTRUMENT NUMBER	DRAWN ON BANK, BRANCH & CITY	AMOUNT (Rs.) (Minimum Rs. 1,000/-)
1.					
2.					
3.					
Amount in Words:				**Total**	

COOLING OFF RIGHTS:

The unit holders have the right to obtain a refund of their first time investment (cooling off) in a particular open end mutual fund. (For individual unit holder only).
The cooling off period shall comprise of three business days commencing from the date of issuance of initial Account Statement to the unit holder.
The cooling off right shall be exercised by the unit holder upon written request (refer clause of redemption) to the AMC within the time specified.
The Refund of every unit held by the unit holder pursuant to the exercise of a cooling off right should be an amount equal to NAV per unit applicable on the date of the cooling off right is exercised which is payable within six business days from the receipt of written request.
AMC shall refund the Front end (Sales) load paid by the unit holder, however Contingent load (Back end load) will be payable by the unit holder where applicable.

DECLARATION

I/We also confirm having read and understood the Trust Deeds, Offering Documents and FMR (also handed over to me) of respective Fund(s) that govern the transaction including details of Sales load to be deducted, taxes thereon and in particular the risks disclosures. I/We hereby assure to the Management Company that the proceeds invested in the Fund(s) are not derived from money laundering or illegal activities and the source of funds declared is true and correct to the best of my/our knowledge and belief. I/We acknowledge that I/We have read the Key Fact Statement at the time of investment, and I/We have read and understood the terms and conditions to the best of my/our knowledge and have retained copy of the same.

Signature **Signature** **Signature** **Signature**

(For Office Use Only)

DISTRIBUTOR / SALES AGENT UNDERTAKING:

I/ We have explained the risk of the fund being sold to the investor, including the possibility of principal being at higher risk in case of high risk funds. I/ we have neither made nor implied any guarantee with respect to return on investment amount, nor quoted any fixed return percentage or amount to the investor.
I have not identified any factor or event which may give rise to suspicion relating to money laundering and/or financing terrorism about the Investor. I will inform the Management Company if I identify any such factor or event in future relating to the Investor.

(Name, Signature or / and Stamp)
Distributor/ Sale Agent

(Name, Signature or / and Stamp)
Name & Signature of Immediate Supervisor

Data Input : (Name / Signature) Data Verified : (Name / Signature) Remarks : _____

Disclaimer: 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.