



Al Meezan Investment Management Ltd.

Investment Application Form

INFORMATION ABOUT THE PRINCIPAL ACCOUNT HOLDER					Filing Date & Time:				
Name: (Mr./Mrs./Ms./M/s.)							Reg. No. : (if any)		
Contact No:				CNIC No:					
INVESTMENT DETAILS									
<input type="checkbox"/> Meezan Islamic Fund(MIF)		Amount:		No.:		Date:		Bank:	
Class _____ Type _____		Amount in words:							
Please make the payment in favor of CDC Trustee Meezan Islamic Fund and crossed "Account Payee only" with your name on the front of the instrument									
<input type="checkbox"/> Meezan Islamic Income Fund (MIIF)		Amount:		No.:		Date:		Bank:	
Class _____ Type _____		Amount in words:							
Please make the payment in favor of CDC Trustee Meezan Islamic Income Fund and crossed "Account Payee only" with your name on the front of the instrument									
<input type="checkbox"/> Meezan Cash Fund(MCF)		Amount:		No.:		Date:		Bank:	
Class _____ Type _____		Amount in words:							
Please make the payment in favor of CDC Trustee Meezan Cash Fund and crossed "Account Payee only" with your name on the front of the instrument									
<input type="checkbox"/> Meezan Sovereign Fund(MSF)		Amount:		No.:		Date:		Bank:	
Class _____ Type _____		Amount in words:							
Please make the payment in favor of CDC Trustee Meezan Sovereign Fund and crossed "Account Payee only" with your name on the front of the instrument									
<input type="checkbox"/> Al Meezan Mutual Fund (AMMF)		Amount:		No.:		Date:		Bank:	
Class _____ Type _____		Amount in words:							
Please make the payment in favor of CDC Trustee Al Meezan Mutual Fund and crossed "Account Payee only" with your name on the front of the instrument									
<input type="checkbox"/> Meezan Mahana Kharch Account* (MMKA)		Amount:		No.:		Date:		Bank:	
Class _____ Type _____		Amount in words:							
Please make the payment in favor of CDC Trustee Meezan Islamic Income Fund and crossed "Account Payee only" with your name on the front of the instrument									
		Amount:		No.:		Date:		Bank:	
		Amount in words:							
*Payment options Available for MCF, MSF, MMKA <input type="checkbox"/> 100% Profit <input type="checkbox"/> 90% Profit periodically & remaining at financial year end <input type="checkbox"/> 90% Profit with capital growth <input type="checkbox"/> Systematic withdrawal Rs. _____ (Available for MCF, MSF, MMKA)							Frequency of Payment <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annually <input type="checkbox"/> Annually (for MSF)		
Unit-Mode of Holding:				CDS Account Details				Fund/Plan	Transaction Date
<input type="checkbox"/> Account Statement				Participant/IASID		Sub/Account No			
<input type="checkbox"/> Unit Certificate									
Declaration: I/We hereby confirm having read and understood the relevant Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern this transaction and further acknowledge understanding of the risks involved. Signature of applicant/joint applicant(s) (with rubber stamp in case of institutional Clients)							Name and Signature of Officer at Distribution Centre		
REMARKS:									
FOR OFFICIAL USE ONLY									
Facilitator Information				Distributor Information					
Facilitator Name		Facilitator Code		Distributor Name		e-form Number		Supervisor Signature	
Transfer Agent									
Data Input By			Data Verified and Posted By				Signature of Manager		