



Al Meezan Investment Management Ltd.

INVESTOR ACCOUNT OPENING FORM

(Individuals and Institutions Account)

No. AMIM-01-004

INFORMATION ABOUT PRINCIPAL ACCOUNT HOLDER						Date :	
Name: Mr./Ms./Mrs./M/s.							
Father's / Husband's Name				CNIC No.			
Address				Phone No. : (Off.)		(Res.)	
				Mobile :		Fax :	
City :		Post Code :		Country :		Religion :	
Nationality :			Date of Birth :			Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female			Zakat Deduction Yes <input type="checkbox"/> No, Declaration attached				
E-mail :				Specimen Signature (with Rubber Stamp in case of Institutional Clients)			
Occupation : <input type="checkbox"/> Self Employed <input type="checkbox"/> Private Services <input type="checkbox"/> Government Service <input type="checkbox"/> Armed Forces <input type="checkbox"/> House Wife <input type="checkbox"/> Other (Specify) _____							
Name of Employer / Business :							
Source of Funds <input type="checkbox"/> Salary <input type="checkbox"/> Pension <input type="checkbox"/> Business/Self-owned <input type="checkbox"/> Stocks/Investments <input type="checkbox"/> Inheritance <input type="checkbox"/> Remittance <input type="checkbox"/> Others (specify) _____							
Public Figure <input type="checkbox"/> Yes <input type="checkbox"/> No (Includes Government Officials, Senior Office Bearers of Public Sector Entities, Senior Military Officials and family members, Politicians)							
Monthly Income Slab (Rs.): <input type="checkbox"/> 10,000 - 25,000 <input type="checkbox"/> 25,001 - 50,000 (optional) <input type="checkbox"/> 50,001 - 100,000 <input type="checkbox"/> 100,001 or above							
Name of Guardian (for minor applicant) :							
FOR INSTITUTIONAL CLIENT(S)							
Type of Institution <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Private <input type="checkbox"/> NGO <input type="checkbox"/> Provident/Pension/Gratuity Fund <input type="checkbox"/> NBFC <input type="checkbox"/> DFI <input type="checkbox"/> Insurance Co. <input type="checkbox"/> Others (Please Specify)							
Registration / Incorporation No. :				NTN No. : <input type="checkbox"/> or Non-Resident			
FULL DETAILS OF BANK ACCOUNT OF PRINCIPAL ACCOUNT HOLDER							
Bank Account No. :				Bank Name & Branch :			
Bank Address :						Bank Tel No. :	
STATEMENTS <input type="checkbox"/> Do Not send at all <input type="checkbox"/> Annually <input type="checkbox"/> Send whenever there is a transaction							
DIVIDEND MANDATE (Please tick against relevant boxes)		In case of Cash Dividend : Re-invest <input type="checkbox"/> or Provide Cash <input type="checkbox"/>					
		In case of Stock Dividend : Issue Bonus Units <input type="checkbox"/> or En-cash Bonus Units <input type="checkbox"/>					
JOINT HOLDER DETAILS (IF ANY)							
Mr./Ms. Mrs./M/s	Signature			CNIC No.			
Mr./Ms. Mrs./M/s	Signature			CNIC No.			
Mr./Ms. Mrs./M/s	Signature			CNIC No.			
INSTRUCTION TO OPERATE THE ACCOUNT : <input type="checkbox"/> Joint <input type="checkbox"/> Either or Survivor of Joint Account Holders <input type="checkbox"/> Only by Principal Account Holder <input type="checkbox"/> Other (Please Specify)							
NOMINATION (ONLY FOR SINGLE INVESTOR / UNIT HOLDER)							
Name : Mr./Ms./Mrs./M/s.				Relationship with Unitholder :			
Address :							
CNIC Number :				Telephone No. :			
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.							
FOR OFFICIAL USE ONLY		Signature of applicant / joint applicant(s) (with rubber stamp in case of Institutional Clients)					
APPLICATION CHECKLIST							
<input type="checkbox"/> Copy of CNIC(s)		<input type="checkbox"/> Board Resolution (authorizing Investment)			<input type="checkbox"/> Any other Document (Specify)		
<input type="checkbox"/> Zakat Declaration (where applicable)		<input type="checkbox"/> Memorandum and Articles of Association/Bye Laws/Trust Deed					
<input type="checkbox"/> Power of Attorney(s)		<input type="checkbox"/> Certificate of Incorporation / Registration					
Facilitator Code		Distributor Name & Code		Investment Form No.		Investment Form Date	
Name of Authorized Person at Distribution Centre						Authorized Signature	
FOR TRANSFER AGENT USE ONLY							
Date Account Opening Form received		Registration # issued to client		Data input by		Data and attachments verified by	
Remarks							

Guidelines for completing the Investor Account Opening Form

This form is one-time requirement for both Individual and Institutional Clients, and is required to be filled only when the account is opened for the first time

Information about Principal Account Holder

1. Information about the Principal Account Holder is recorded under relevant section.
2. Please make sure that information i.e. name, address, phone provided in this section is correct.
3. In case of Individual, if the client chooses “NO” for Zakat Deduction, the Zakat declaration would be required (in case of joint holder such declaration from all holders will be required).
4. In case of Institutional Client, ensure that type of institution and Registration/Incorporation number and the National Tax Number is filled in under the “For institution Client” section. All non-resident companies need to tick in the box assigned for the purpose.
5. In case of Partnership Firm or Trust, application shall be made in the name of partner or trustees.

Details of Bank Account of Principal Holder

6. Please make sure to provide correct details of bank account of Principal Account Holder. Any error in filling this information may cause delay in transfer of funds to the account holder.

Details of Joint Holder(s) if any

7. If there are any Joint Holders, their name(s) need to be specified along-with their CNIC # and signature (Joint signatories for institution).
8. Please “Tick” how the account shall be operated.

Death of Unit Holder

9. In the case of Al Meezan Investment Management Limited receiving notices of the demise of an investor, Al Meezan shall not be obligated to allow the transfer of title, redemption or pay out of any dividends without the production of evidence of title or right to the units which Al Meezan considers sufficient.

Checklist

10. In case of Individual client attested copies of CNIC, Zakat Declaration (if exemption claimed) will be required.
11. In case of Institutional Client attested copies of 1. CNIC’s (authorized officers). 2. Power of Attorney(s) or any other document authorizing officers to operator the account. 3. Board Resolution (authorizing investment). 4. Memorandum and Articles of Association, Trust Deed/Bye Laws. 5. Certificate of Incorporation/Registration.

Other Instructions

12. Principal Account Holder’s signature should be on both the spaces meant for the purpose. Without signature of the Principal Account Holder the officer at Distributor’s Office will not accept the form.
13. In case the Account Holder is illiterate and cannot sign, then he/she must be require to submit either a clear copy of CNIC with photo or one recent passport size photograph authenticated by his/her banker. His/her form would also need to be signed by two witnesses.
14. The account holder should either mark all empty spaces in the form “Void” or cross (X) them out.
15. In case of an Application Form being filled in by the guardian on behalf of a minor(s), the name of the minor(s) as well as of the guardian should be written clearly on the Form and the guardian’s signature should be recorded.
16. Cash and outstation Cheques shall not be accepted.
17. It shall be the responsibility of the applicant to pay all stamp and other duties, taxes and processing charges in relation to the units acquired by him/her.
18. If an acknowledgment is not received within 10 working days of the investment, the investor should contact Al Meezan.
19. For change in the Unit Holder’s Register, such as address, phone number, bank detail, dividend option or Zakat option, unit holders may please write to the Customer Services, Al Meezan Investments, Ground Floor, Block B, Finance and Trade Center, Shahrah-e-Faisal, Karachi.
20. In case of Individual client, please choose one of the following occupations and mention its code.

<i>Occupation</i>	<i>Code</i>	<i>Occupation</i>	<i>Code</i>	<i>Occupation</i>	<i>Code</i>
Professional	01	Business	02	Service-Public	03
Service-Private	04	Agriculturist	05	Housewife	06
Student	07	Retired	08	Others	09

If you have any question or need additional information

Please call : (9221) 0800-HALAL (0800-42525) or E-mail : feedback@almeezangroup.com