



Al Meezan Investment Management Ltd.

Meezan Tahaffuz Pension Fund

ACCOUNT OPENING FORM FOR INDIVIDUAL

No. AMIM-PF01-0001

INFORMATION ABOUT PARTICIPANT			Date:
Name Mr./Ms./Mrs.:		CNIC No.:	
Father's / Husband Name:.		NTN No.:	
Current Address :		Date of Birth:	
		Gender Male ----- Female ----	
City:	Postal Code:	Country:	Religion:
Tel.(Res.)	(Off.)	(Mobile)	Fax:
Permanent Address:		Email:	
		Occupation:	
City:	Postal Code:	Country:	Marital status: Single --- Married --
Annual income:	Expected retirement age:	Zakat deduction: Yes ---- No ----	
Residential Status: National ----- or Overseas -----		Account Status: Individual ----- or Grouped -----	
Business/Employer Name:			
Business/Employer Address:			

DETAILS OF PARTICIPANTS'S BANK ACCOUNT	
Bank Account No.:	Bank name:
Branch name:	Address:
	Tel. No.:

DETAILS OF PLAN AND CONTRIBUTION	
Please select one of the following plans: 1. Aggressive _____ 2. Balanced _____ 3. Conservative _____ 4. Very conservative _____ 5. Life Cycle _____	Expected annual contribution: Rs. _____
	Expected frequency of contribution: _____
	Mode of contribution: Self _____ By employer _____ Both _____

INFORMATION ABOUT NOMINEE 1	
Name Mr./Ms./Mrs.:	CNIC No.:
Father's/Husband's name:	Relation with participant:
Address :	
Contact number:	Share%:

INFORMATION ABOUT NOMINEE 2 (if there are more nominees please attached separate sheet)	
Name Mr./Ms./Mrs.:	CNIC No.:
Father's/Husband's name:	Relation with participant:
Address :	
Contact number:	Share%:

DETAILS OF OTHER FUND MANAGERS
Name of previous Fund Manager (if any):
Name of other Fund Manager (if any):

DECLARATION
I hereby acknowledge having read and understood the relevant Trust Deeds, Offering Documents and Supplementary Offering Documents if any that govern this transaction and further acknowledge having understood the risks associated with the allocation policy selected above.
Signature of Participant

FOR OFFICIAL USE			
Application Check List			
_____ Copy of CNIC		_____ Copy of NTN certificate	
_____ Zakat Declaration (where applicable)		_____ Any other document (specify)	
Facilitator Code	Distributor name and code	Contribution form number	First contribution date
Name of Authorized Person at Distribution Center			Authorized Signature
Remarks			
FOR TRANSFER AGENT USE ONLY			
Form receipt date	Registration # issued	Data input by	Data and attachments verified by

Guidelines for completing Account Opening Form for Individual

This Form is one time requirement and is required to be filed only when the account is opened for the first time.

INFORMATION ABOUT PARTICIPANT

- Information about the participant is recorded under this section.
- Please make sure that all information mentioned in the form has been provided correctly.
- Information about Date of Birth, CNIC and NTN numbers is mandatory.
- In case of overseas Pakistanis Overseas CNIC number will be mentioned.
- If participant choose “No” for Zakat deduction, the Zakat Declaration will be required.
- If participant is an employee, the name and address of his employer will be mentioned. If participant has its own business, his business name and address will be mentioned.
- Choose one of the following Occupations

Professional	Business	Agriculturist
Service-Private	Service-Public	Others

DETAILS OF PLANS

- Aggressive* – 80% in equity, 20% in debt and 0% in money market fund
- Balanced* – 50% in equity, 40% in debt and 10% in money market fund
- Conservative* – 25% in equity, 60% in debt and 15% in money market fund
- Very Conservative – 0% in equity, 50% in debt & 50% in money market fund
- Life Cycle Plan* – Allocations in different sub funds depend on the participants’ age ranging from 18 years to 55 years.

OTHER INSTRUCTIONS

- Without CNIC number, NTN number and signature of Participant on form, the officer at distributor’s office will not accept the form.
- In case the account holder is illiterate and cannot sign, then he/she must be required 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.
- Participant change his chosen age/date of retirement at a later stage.

**If you have any questions or need additional information,
please call: (92-21) 111-633-926 (111 – MEEZAN) or marketing@almeezangroup.com**