

Investor Account Opening Form for Individual



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Day	Month	Ye	ear															Cus	tom	er l	ID											
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NOTE	: ALL FIELDS IN	THE FOR	M AR	E MAND	ATOR	Y IF I	MENT	IONE	D OT	HERV	VISE .	ANN	IEXU	RE I I	NUST	BE F	ILLE	D BY I	VER	Y IN	VEST	OR	•									_
TYPE	OF ACCOUN	NT:		Single		oint		Minor	. [□мт	PF																					1
PRIN	CIPAL ACCO	UNT HC	LDE	R																												
	e (as per CNIC) Mrs./Ms. / M/s:																															
Fathe	er/ Husband's N	ame:																														
CNIC/NICOP/Passport: CNIC Expiry Date:																																
Single Married Nationality: Muslim Non Muslim Date of Birth:																																
Addre	ess:																															
City: Country: Email:																																
CON.	TACT DETAIL	S (Prov	ide a	at least	one))																										
Tel-Re	es:				0	office:	:											Mob	ile:													
In ca	se of minor a	ccount			Re	elatio	onship	o with	n Prin	ncipal																						
Name	of Guardian:																															
Guard	Guardian CNIC:											CNIC Expiry Date:																				
BANI	BANK ACCOUNT DETAIL OF PRINCIPAL ACCOUNT HOLDER FOR REDEMPTION AND DIVIDEND PAYMENTS																															
Bank	Account No.:																	Bank	:													
Branch: City:																																
JOINT ACCOUNT HOLDERS (For Joint Account)																																
Joint	Holder 1				R	elatio	on wi	th Pri	ncipa	al:								Custo	omer	ID (i	if any	·):										
Nam	e:																															
CNIC	/NICOP/Passpo	rt:					•	•														•	•							•		_
Joint	Holder 2				R	elatio	on wi	th Pri	ncipa	al:								Custo	omer	ID (i	if any	·):										-
Nam	e:																											Π				-
CNIC	/NICOP/Passpo	rt:																												1		_
ACC	OUNT OPERA	ATING IN	ISTR	RUCTIO	N																				(fo	or Joii	nt A	cco	unt (Onl	y)	-
☐ Pri	☐ Principal Account Holder Only ☐ Either or Survivor ☐ Jointly by any two ☐ Jointly by all										-																					
DIVII	DEND MAND	ATE																														-
Cash Dividend: Re-invest OR Provide Cash Stock Divide								/iden	d:] Issue	bon	us u	nits		0	R			E	inca	ash bo	nus	units								
DETA	AIL ABOUT M	IEEZAN	TAH	AFFUZ	PEN	SIOI	N FU	ND (MTF	PF) A	cco	UNT	г													(Fo	r MT	'PF	Acco	un	t)	
Expec	ted Retirement	Age:																														
	e select any one	Allocation	Sche																	٦.							7					
☐ High Volatility ☐ Medium Volatility ☐ Volatility Allocation Scheme ☐ 100% Debt							☐ Low Volatility ☐ 100% Equity					☐ Lower Volatility ☐ 100% Money market								Life Cycle Plan												
	olease select one)				JU70 D	ebt							100	770 LC	quity					J 10	JU 70 I	VIOTIE	y IIIa	iket								_
																	_											_				
		Principal	Acco	unt Holo	ler	_			_		Join	t Acc	ount	Holo	ler 1		_					Joint	Acco	unt	Hole	der 2		-				
l																																-



Investor Account Opening Form for Individual



Pure. Profit.

NOMINATION DETAIL (Optional)					(For Single	and MTPF Account)
NOMINEE 1					, , , , ,	•
Sharing %(MTPF):	Relation with Principal:			Custor	mer ID (if any):	
Name:						
CNIC/NICOP/Passport:						
NOMINEE 2						
Sharing %(MTPF):	Relation with Principal:			Custor	mer ID (if any):	
Name:						
CNIC/NICOP/Passport:						
NOMINEE 3						
Sharing %(MTPF):	Relation with Principal:			Custor	mer ID (if any):	
Name:						
CNIC/NICOP/Passport:						
KYC DETAILS OF PRINCIPAL ACCOUNT HOLD	DER		(Mandatory for com	pliance with regulato	ry requirements)
Occupation: Government Services	S ☐ Private Services	☐ Self Employed	Retired	☐ House Wife	☐ Student	
Source of Income: Business/ Self-owned	☐ Salary ☐	Pension	Inheritances	Remittances	☐ Savings	☐ Stocks/Investment
Name of Employer/ Business (if Applicable):						
Please describe if Yes is selected						
Has any Financial Institution ever refused to open y	you account?	No 🗌 Yes				
Are you acting on behalf of any other person?						
Are you holding a senior position in any governme	ent institution?	No ☐ Yes				
Are you holding a senior position in any political pa	arty?	No ☐ Yes				
Do you deal in high value items such as Gold, Silver	r, Diamond etc.?	No 🗆 Yes				
Where did you hear about us (Optional): ☐ Adverti☐ Relative			☐ Meezan Bank☐ Distributors	_	les Team of Al Meezan ebsite	Others
DECLARATION AND SPECIMEN SIGNATURE	E OF ACCOUNT HOLDE	R(s)				
I/We hereby confirm that all information pro Trust Deeds, Offering Documents, Supplem understanding of the risks involved in mutua	nental Trust Deeds, and					
	Signature	of Principal / Joint	: Account Holder(s)		
APPLICATION CHECK LIST					(to be fill	ed by Sales Officer)
Individual: ☐ Copy of CNIC(s) ☐ Copy of Form B	☐ Business / Employ ☐ Health Questionn	•	able)	☐ Zakat Declarat ☐ FATCA Form	ion (where applicable)	☐ Others
Sales Person Name and Code	Reportin	g Date & Perso	n		Stamp of Distribut	or
		Remarks			Transfer Agent	
Note:	-					
MTPF offers free takaful coverage for custom Sales or Customer Services officer or call 080		o avail free Taka	ful you have to	fill health question	naire form . For more c	letails ask your
Al Meezan Investments offers wide range of					er Services Area, Intern	et Banking Services,

Annexure – I

FATCA Form – Individual Account

The Foreign Account Tax Compliance Act (FATCA) was signed into U.S. law on March 18, 2010. It is aimed at preventing U.S. taxpayers from using accounts held outside of the U.S. to evade taxes. Any financial institution that fails to comply with FATCA will face a 30% withholding tax on a wide range of U.S. sourced payments to its clients. Under U.S. federal tax law, Al Meezan Investment Management Ltd. (Al Meezan) is required to request certain taxpayer information from certain persons who maintain an account at Al Meezan (whether such persons are U.S. taxpayers or not). Information collected will be used solely to fulfill Al Meezan's requirements under U.S. federal tax law and will not be used for any other purpose.

(1) This section must be completed by any individua(2) Please complete this form for Principal account last for the Minor.A. Title of Account (IN BLOCK LETTERS):	holder only. In	case of Minor, the form should be filled by Guardian for himself as well
B. CNIC#		
C. Customer ID (for office use only):		
D. Country of tax residence other than Pakistan:		
E. Place of Birth: CitySta	te	
Please tick 'V' to appropriate check box		Documentation Required
1. Are you a US Citizen?	☐ Yes ☐ No	
2. Are you a US Resident?	☐ Yes ☐ No	If yes, please provide Form W-9.
Do you hold a US Permanent Resident Card (Green Card)?	☐ Yes ☐ No	
4. Were you born in USA?	☐ Yes ☐ No	 If yes, Please provide Form W-9, or In case you claim to be a Non-US Person; please fill Section B of this form and provide Non-US Passport and Certificate of Loss of Nationality (i.e. Form I-407).
Standing instructions to transfer funds to an account maintained in USA.	☐ Yes ☐ No	If yes, • Please provide Form W-9, or
6. Do you have any Power of Attorney/ Authorized Signatory/ Mandate holder having US Address?	☐ Yes ☐ No	 In case you claim to be a Non-US Person; please fill Section B of this form supported by other documentary evidence establishing the non-US status.
7. Do you have US residence/ mailing/ Sole Hold Mail address?	☐ Yes ☐ No	If yes, • Please provide Form W-9, or
8. Do you have US telephone number?	☐ Yes ☐ No	 In case you claim to be a Non-US Person; please fill Section B of this form and provide non-US Passport and other documentary evidence establishing the non-US status.
along with documentary evidence. I declare the belief it is true, correct and complete. I further certif	at I have exami y that I am not	ne item number 4, 5, 6, 7 & 8 as 'Yes' but claims to be a Non-US Person ined the information on this form and to the best of my knowledge and to a US Person and will provide Form W-8BEN within 30 calendar days if an within 30 calendar days if this certification becomes incorrect.
Signature: Declaration:		
authorities where necessary to establish my tax liabil Where required by domestic or overseas regulators such amounts as may be required according to applic I undertake to notify Al Meezan within 30 calendar d I will indemnify and hold harmless Al Meezan from	for Al Meezar lity in any juriso or tax authorit cable laws, regu ays if there is a any loss, actio and expert fees	n to share my information with domestic or overseas regulators or tax diction. ies, I consent and agree that Al Meezan may withhold from my account(s ulations and directives. a change in any information which I have provided to Al Meezan. on, cost, expense (including, but not limited to sums paid in settlement of s), claim, damages, or liability which arises or is incurred by Al Meezan in
Dated:		

US Taxpayer Identification Number (in case of US Person):______ Signature: ____