



Investor Account Opening Form for Individual

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For Office use only

No. AMIM-01 (1) - 2015

Day	Month	Year

Customer ID	
Portfolio No.	

NOTE: ALL FIELDS IN THE FORM ARE MANDATORY IF MENTIONED OTHERWISE . ANNEXURE I MUST BE FILLED BY EVERY INVESTOR

TYPE OF ACCOUNT:	<input type="checkbox"/> Single	<input type="checkbox"/> Joint	<input type="checkbox"/> Minor	<input type="checkbox"/> MTPF
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PRINCIPAL ACCOUNT HOLDER

Name (as per CNIC) Mr. / Mrs./Ms. / M/s:	
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Father/ Husband's Name:	
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CNIC/NICOP/Passport:	CNIC Expiry Date:
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<input type="checkbox"/> Single	<input type="checkbox"/> Married	Nationality :	<input type="checkbox"/> Muslim	<input type="checkbox"/> Non Muslim	Date of Birth:
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Address:	
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City:	Country:	Email:
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CONTACT DETAILS (Provide at least one)

Tel-Res:	Office:	Mobile:
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In case of minor account	Relationship with Principal
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Name of Guardian:	
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Guardian CNIC:	CNIC Expiry Date:
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BANK ACCOUNT DETAIL OF PRINCIPAL ACCOUNT HOLDER FOR REDEMPTION AND DIVIDEND PAYMENTS

Bank Account No. :	Bank:
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Branch:	City:
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JOINT ACCOUNT HOLDERS (For Joint Account)

Joint Holder 1	Relation with Principal:	Customer ID (if any):
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Name:	
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CNIC/NICOP/Passport:	
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Joint Holder 2	Relation with Principal:	Customer ID (if any):
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Name:	
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CNIC/NICOP/Passport:	
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ACCOUNT OPERATING INSTRUCTION (for Joint Account Only)

<input type="checkbox"/> Principal Account Holder Only	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Jointly by any two	<input type="checkbox"/> Jointly by all
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DIVIDEND MANDATE

Cash Dividend:	<input type="checkbox"/> Re-invest	OR	<input type="checkbox"/> Provide Cash	Stock Dividend:	<input type="checkbox"/> Issue bonus units	OR	<input type="checkbox"/> Encash bonus units
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DETAIL ABOUT MEEZAN TAHAFFUZ PENSION FUND (MTPF) ACCOUNT (For MTPF Account)

Expected Retirement Age:	
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Please select any one Allocation Scheme of your choice

<input type="checkbox"/> High Volatility	<input type="checkbox"/> Medium Volatility	<input type="checkbox"/> Low Volatility	<input type="checkbox"/> Lower Volatility	<input type="checkbox"/> Life Cycle Plan
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<input type="checkbox"/> Variable Volatility (please select one)	<input type="checkbox"/> 100% Debt	<input type="checkbox"/> 100% Equity	<input type="checkbox"/> 100% Money market
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_____	_____	_____
Principal Account Holder	Joint Account Holder 1	Joint Account Holder 2



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NOMINATION DETAIL (Optional)		(For Single and MTPF Account)
NOMINEE 1		
Sharing %(MTPF):	Relation with Principal:	Customer ID (if any):
Name:		
CNIC/NICOP/Passport:		
NOMINEE 2		
Sharing %(MTPF):	Relation with Principal:	Customer ID (if any):
Name:		
CNIC/NICOP/Passport:		
NOMINEE 3		
Sharing %(MTPF):	Relation with Principal:	Customer ID (if any):
Name:		
CNIC/NICOP/Passport:		
KYC DETAILS OF PRINCIPAL ACCOUNT HOLDER		(Mandatory for compliance with regulatory requirements)
Occupation: <input type="checkbox"/> Government Services <input type="checkbox"/> Private Services <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> House Wife <input type="checkbox"/> Student		
Source of Income: <input type="checkbox"/> Business/ Self-owned <input type="checkbox"/> Salary <input type="checkbox"/> Pension <input type="checkbox"/> Inheritances <input type="checkbox"/> Remittances <input type="checkbox"/> Savings <input type="checkbox"/> Stocks/Investment		
Name of Employer/ Business (if Applicable):		
Please describe if Yes is selected		
Has any Financial Institution ever refused to open you account? <input type="checkbox"/> No <input type="checkbox"/> Yes _____		
Are you acting on behalf of any other person? <input type="checkbox"/> No <input type="checkbox"/> Yes _____		
Are you holding a senior position in any government institution? <input type="checkbox"/> No <input type="checkbox"/> Yes _____		
Are you holding a senior position in any political party? <input type="checkbox"/> No <input type="checkbox"/> Yes _____		
Do you deal in high value items such as Gold, Silver, Diamond etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes _____		
Where did you hear about us (Optional): <input type="checkbox"/> News paper / Advertising <input type="checkbox"/> Email / SMS <input type="checkbox"/> Team Member of Al Meezan <input type="checkbox"/> Social Media <input type="checkbox"/> Telemarketing <input type="checkbox"/> Distributors <input type="checkbox"/> Web Site <input type="checkbox"/> Others: Please specify _____		
DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(S)		
I/We hereby confirm that all information provided in this form is true and correct to the best of my knowledge. I also confirm having read and understood the Trust Deeds, Offering Documents, Supplemental Trust Deeds, and Supplemental Offering Documents that govern the transactions and further acknowledge understanding of the risks involved in mutual funds.		
_____ Signature of Principal / Joint Account Holder(s)		
APPLICATION CHECK LIST		(to be filled by Sales Officer)
Individual: <input type="checkbox"/> Copy of CNIC(s) <input type="checkbox"/> Business / Employment proof <input type="checkbox"/> Zakat Declaration (where applicable) <input type="checkbox"/> Others <input type="checkbox"/> Copy of Form B <input type="checkbox"/> Health Questionnaire (where applicable) <input type="checkbox"/> FATCA Form		
Risk Category: <input type="checkbox"/> High <input type="checkbox"/> Low		
Sales Person Name and Code	Reporting Date & Person	Stamp of Distributor
	Remarks	Transfer Agent
Note :		
MTPF offers free takaful coverage for customers (Conditions apply). To avail free Takaful you have to fill health questionnaire form . For more details ask your Sales or Customer Services officer or call 0800-42525.		
Al Meezan Investments offers wide range of Value added Services, including Mobile Transaction Alert Services, E-Transactions Member Services Area, Internet Banking Services, Meezan Easy Cash, ATM Facility, Email Services and SMS Services. For details please visit www.almeezangroup.com or Call 0800-42525.		

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.

SECTION A

(1) This section must be completed by any individual who wish to open an account.

(2) Please complete this form for Principal account holder only. In case of Minor, the form should be filled by Guardian for himself as well as for the Minor.

A. Title of Account (IN BLOCK LETTERS): _____

B. CNIC# _____

C. Customer ID (for office use only): _____

D. Country of tax residence other than Pakistan: None USA Other _____

E. Place of Birth: City _____ State _____ Country _____

Please tick 'V' to appropriate check box		Documentation Required
1. Are you a US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide Form W-9.
2. Are you a US Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you hold a US Permanent Resident Card (Green Card)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Were you born in USA?	<input type="checkbox"/> Yes <input type="checkbox"/> 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).
5. Standing instructions to transfer funds to an account maintained in USA.	<input type="checkbox"/> Yes <input type="checkbox"/> 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 supported by other documentary evidence establishing the non-US status.
6. Do you have any Power of Attorney/ Authorized Signatory/ Mandate holder having US Address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Do you have US residence/ mailing/ Sole Hold Mail address?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 other documentary evidence establishing the non-US status.
8. Do you have US telephone number?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B

This section must be filled by any individual who mark(s) any of the item number 4, 5, 6, 7 & 8 as 'Yes' but claims to be a Non-US Person along with documentary evidence.

I _____ declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct and complete. **I further certify that I am not a US Person and will provide Form W-8BEN within 30 calendar days if required by IRS through Al Meezan.** I undertake to notify Al Meezan within 30 calendar days if this certification becomes incorrect.

Signature: _____

Declaration:

I hereby confirm the information provided above is true, accurate and complete.

Subject to applicable local laws, I hereby consent for Al Meezan to share my information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in any jurisdiction.

Where required by domestic or overseas regulators or tax authorities, I consent and agree that Al Meezan may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.

I undertake to notify Al Meezan within 30 calendar days if there is a change in any information which I have provided to Al Meezan.

I will indemnify and hold harmless Al Meezan from any loss, action, cost, expense (including, but not limited to sums paid in settlement of claims, reasonable attorneys' and consultant fees, and expert fees), claim, damages, or liability which arises or is incurred by Al Meezan in discharging its obligations under FATCA and/or as a result of disclosures to the US tax authorities.

Dated: _____

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



RISK PROFILE FORM

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To be filled by investor:

Name	
Portfolio No.	

Help us understand your financial needs better. Kindly fill the form below to give you a customized solution for your investment goals.

Circle the below responses as per your choices:

Age(in yrs):	1. Above 60	2. 50-60	3. 40-50	4. Below 40
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Risk- Return Tolerance Level 1. Lower Risk, Lower Returns 4. Medium Risk, Medium Returns 8. Higher Risk, Higher Returns	Monthly Savings: 2. Rs. 25,000- Rs. 150,000 3. More than Rs. 150,000	Occupation: 1. Retired 2. Housewife/ Student 3. Salaried 4. Business/ Self-employed
Investment Objective: 2. Cash Management 4. Monthly Income 8. Capital Growth/ Long term savings/ Retirement	Your level of knowledge of Investments and Financial markets? 2. Limited/Basic/Average 3. Good/Excellent	Investment Horizon: 2. Less than 6 months 4. Less than 1 year 6. 2- 3 years 8. More than 3 years

Now, please add the scores corresponding to your selected choices and calculate in the below table to find your ideal investment fund.

	Scores	Investor Portfolio	Fund
Calculate your Ideal Portfolio	33-38	Aggressive	Equity
	24-32	Balance	Balanced
	15-23	Stable	Income
	11-14	Conservative	Money Market

NOTE:
I understand and agree that as per my Risk Profile Al Meezan Investments has Suggested me above fund category but I can/may invest in any other fund category as per my discretion.

نوٹ: میں اس بات کو سمجھتا/سمجھتی ہوں اور متفق ہوں کہ لمیز ان نے مندرجہ بالا فنڈ کیگٹری میری رسک پروفائل کے مطابق تجویزی ہے۔ لیکن میں اپنی مرضی کے مطابق کسی بھی دوسری فنڈ کیگٹری میں انویسٹمنٹ کر سکتا/کر سکتی ہوں۔

DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(S)

I/We hereby confirm that all information provided in this form is true and correct to the best of my knowledge. I also confirm having read and understood the Trust Deeds, Offering Documents, Supplemental Trust Deeds, and Supplemental Offering Documents that govern the transactions and further acknowledge understanding of the risks involved in mutual funds. Further I/we declare to have understood and completed this entire Risk / Return Profiling Questionnaire.

Signature of Principal / Joint Account Holder(s)

Name of Sales Person	Name of Manager
Signature of Sales Person	Signature of Manager