



# Investor Account Opening Form for Corporate

Life ko Plan karo...  
Aaj se!

Pure. Profit.

For Office use only

No. AMIM 01-02-2019

Day	Month	Year

Portfolio No.	
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**NOTE: ALL FIELDS IN THE FORM ARE MANDATORY IF MENTIONED OTHERWISE  
ANNEXURE I MUST BE FILLED BY EVERY INVESTOR**

<b>ACCOUNT DETAILS</b>			
Company / Business Name:			
NTN Number (if exempted please provide exemption letter).			
Address:			
City:		Country:	
Telephone:		Fax:	
Contact Person (Name and Designation):			
Mobile No. of Contact Person:		Email of Contact Person:	
<b>BANK ACCOUNT DETAIL FOR REDEMPTION PURPOSE</b>			
Bank Account No.:	Bank Name:	Branch:	City:
<b>DIVIDEND MANDATE</b>			
Cash Dividend:	<input type="checkbox"/> Re-invest	<input type="checkbox"/> Provide Cash	Stock Dividend: <input type="checkbox"/> Issue Bonus Units <input type="checkbox"/> En-cash Bonus Units
<b>SUBSCRIPTION REQUEST</b>			
Daily Fund Prices:	<input type="checkbox"/> Through SMS	<input type="checkbox"/> Through e-mail	
Fund Manager's Report (FMR):	<input type="checkbox"/> Send through email	<input type="checkbox"/> Send through courier	<input type="checkbox"/> Do not send
<b>DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(S)</b>			
I/We hereby confirm that all information provided in this form is true and correct to the best of my/our knowledge. I/We 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.			
<hr/> Name and Signature of Authorised Signatories with Company stamp			
<b>APPLICATION CHECK LIST (To be filled by Sales Officer)</b>			
<input type="checkbox"/> Memorandum and Articles of Association/ Bye Laws / Trust Deed		<input type="checkbox"/> Certificate of Incorporation/ Registration	
<input type="checkbox"/> Name and CNIC Copies of Authorized Signatories		<input type="checkbox"/> Board Resolution (authorizing investments)	
<input type="checkbox"/> Name and CNIC Copies of Directors/ Trustees		<input type="checkbox"/> Company's Audited Accounts	
<b>OTHER INFORMATION (To be filled by Sales Officer)</b>			
Sector:	<input type="checkbox"/> Public Ltd.	<input type="checkbox"/> Private Ltd.	<input type="checkbox"/> Insurance <input type="checkbox"/> Bank <input type="checkbox"/> DFII <input type="checkbox"/> Modarabas
	<input type="checkbox"/> Retirement Funds	<input type="checkbox"/> NGO	<input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Others <input type="checkbox"/> Mutual Funds
Target (risk Profile):	<input type="checkbox"/> Low Risk		<input type="checkbox"/> High Risk
<b>Sales Person's Name and Code</b>		<b>Sales Person's Signatures</b>	
<b>Reporting Date</b>		<b>Signatures of Reporting Person</b>	
<b>Signature of Person Authorising Transaction at TA</b>			
<b>REMARKS</b>			

Signature and Stamp of Distributor

Signature & Stamp of Transfer Agent

## Annexure I – Entity Self Certification for FATCA Purpose

Title of Account: \_\_\_\_\_

### Instructions for completion

The Foreign Account Tax Compliance Act (FATCA) was enacted into U.S. law in March 2010. It is aimed at preventing U.S. taxpayers from using accounts held outside of the U.S. to evade taxes. Under U.S. federal tax law, Al Meezan Investment Management Limited (Al Meezan) is required to request certain taxpayer information from certain persons who maintain an account (whether such persons are U.S. taxpayers or not). Information collected will be used solely to fulfil the Al Meezan's requirements under U.S. federal tax law and will not be used for any other purpose.

To assist you in completing this form, a glossary of terms is attached to this form. Al Meezan does not provide tax advice and will not be liable for any errors contained in this form. If you have any questions about how to complete this form you should contact your tax advisor.

### Section 1: Classification for FATCA Purpose

Please tick one box only in this section.

#### A. Financial Institution

- |   |                          |   |
|---|--------------------------|---|
| 1.1 Exempt Beneficial Owner   | <input type="checkbox"/> | Please provide Form W8 BEN E                        |
| 1.2 Participating Foreign Financial Institution                                     | <input type="checkbox"/> | Please provide Form W8 BEN E and complete Section 2 |
| 1.3 Non-Participating Foreign Financial Institution                                 | <input type="checkbox"/> | Account cannot be opened                            |
| 1.4 Pakistani Financial Institution or a Partner Jurisdiction Financial Institution | <input type="checkbox"/> | Please provide Form W8 BEN E and complete Section 2 |
| 1.5 Financial Institution resident in the USA or in a US Territory                  | <input type="checkbox"/> | Please complete Section 2                           |
| 1.6 Deemed Compliant Foreign Financial Institution (besides those listed above)     | <input type="checkbox"/> | Please provide Form W8 BEN E                        |

#### B. Non-Financial Foreign Entity

- |  |                          |                           |
|--|--------------------------|---------------------------|
| 1.7 Active Non-Financial Foreign Entity  | <input type="checkbox"/> |                           |
| 1.8 Passive Non-Financial Foreign Entity | <input type="checkbox"/> | Please complete Section 3 |

#### C. Specified U.S. Person

- |                           |                          |   |
|---------------------------|--------------------------|---|
| 1.9 Specified U.S. Person | <input type="checkbox"/> | Please provide Form W-9 and US-TIN Number _____ |
|---------------------------|--------------------------|---|

### Section 2: Financial Institutions

2.1 Please provide your Global Intermediary Identification Number ('GIIN')

2.2 If you are unable to provide a GIIN, please tick one of the below reasons;

- |   |                          |
|---|--------------------------|
| (i) The Entity is a IGA Partner Jurisdiction Financial Institution and have not yet obtained a GIIN | <input type="checkbox"/> |
| (ii) GIIN not yet obtained but sponsored by another entity which does have a GIIN                   | <input type="checkbox"/> |

Sponsor's Name: \_\_\_\_\_

Sponsor's GIIN: \_\_\_\_\_

- |   |                          |
|---|--------------------------|
| (iii) US Person but not a Specified US Person | <input type="checkbox"/> |
|---|--------------------------|

## Annexure I – Entity Self Certification for FATCA Purpose

### Section 3: Passive Non-Financial Foreign Entity

If you are a Passive Non-Financial Foreign Entity, we are required to establish whether any Controlling Person (refer Glossary for meaning of Controlling Person) is a U.S citizen or resident in the U.S. for tax purposes. Please provide certification for all such controlling persons of the entity.\*

S. No.	Full Name	US Citizen	US Resident	Place of Birth	Address	Telephone Number
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

\*If additional self-certifications are required, please copy this page.

#### Declaration:

- We hereby confirm the information provided above is true, accurate and complete.
- Subject to applicable local laws, we hereby consent for Al Meezan, to share our information with domestic or overseas regulators or tax authorities where necessary to establish our tax liability in any jurisdiction.
- Where required by domestic or overseas regulators or tax authorities, we consent and agree that Al Meezan may withhold from our account(s) such amounts as may be required according to applicable laws, regulations and directives.
- We undertake to notify Al Meezan within 30 calendar days if there is a change in any information which we have provided to Al Meezan.
- We 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.

#### Company Secretary/Authorized Signatories

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Glossary

#### ➤ Financial Institution

The term "Financial Institution" means a Custodial Institution, a Depository Institution, an Investment Entity, or a Specified Insurance Company as defined below:

- **Custodial Institution:** Any Entity that holds, as a substantial portion of its business, financial assets for the account of others.
- **Depository Institution:** Any Entity that accepts deposits in the ordinary course of a banking or similar business.
- **Investment Entity:** Any Entity that conducts as a business (or is managed by an entity that conducts as a business) one or more of the following activities or operations for or on behalf of a customer:
  1. Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading;
  2. Individual and collective portfolio management; or
  3. Otherwise investing, administering, or managing funds or money on behalf of other persons.

#### ➤ Exempt Beneficial Owner

The term "Exempt Beneficial Owner" means:

- Governmental Entity
- International Organization
- Central Bank
- Pension Fund of an Exempt Beneficial Owner
- Investment Entity wholly owned by Exempt Beneficial Owners

#### ➤ Participating Foreign Financial Institution (PFFI)

A Participating Foreign Financial Institution is a FFI that enters into an agreement with the US Internal Revenue Service (IRS) to undertake certain due diligence, withholding and reporting requirement for US account holders, including an FFI that is treated as a Reporting FI under a Model 2 IGA and that is certifying that it will comply with the terms of an FFI Agreement, as modified by the terms of the applicable Model 2 IGA.



**Please read these instructions carefully before completing the form**

Chapter XIIA of Income Tax Rules, 2002 and Regulations based on the OECD Common Reporting Standard (CRS) require Al Meezan Investment Management Limited to collect and report certain information about an account holder’s tax residency. If the account holder’s tax residence is located outside Pakistan and/or United States of America (USA), we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to Federal Board of Revenue (FBR) and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

Where the Account Holder is a Passive NFE, or an Investment Entity located in a Non-Participating Jurisdiction managed by another Financial Institution, please also complete “CRS Tax Residency Self Certification Form for Controlling Persons”. You can find summaries of defined terms in the Glossary of Terms provided at page 3 of this form.

Please complete this form if account holder is entity i.e. legal person or a legal arrangement, such as a company, corporation, organisation, partnership, trust, foundation, NGO, NPO, etc.

This form will remain valid unless there is a change in circumstances relating to information, such as the account holder’s tax status or other information that makes this form incorrect or incomplete. In that case you must notify us and provide an updated self-certification.

Legal Name of Entity	Country of Incorporation or Organisation

PART 1	ENTITY TYPE
Please tick <b>ONE</b> box only in this part.	
<b>1.1</b>	<b>Financial Institution</b>
<b>A</b> <input type="checkbox"/>	Depository Institution, Custodial Institution or Specified Insurance Company (e.g. Bank, Life Insurance Co., etc.)
<b>B</b> <input type="checkbox"/>	An Investment Entity (Investment Co, Mutual Fund, Asset Management Co, Brokerage House, etc.) <i>If you have ticked box A or B, please proceed to Part 4</i>
<b>1.2</b>	<b>Active Non-Financial Entity – Active NFE</b>
<b>A</b> <input type="checkbox"/>	Active NFE – A company/corporation whose shares are regularly traded on one or more established securities markets
<b>B</b> <input type="checkbox"/>	Active NFE – Related entity of a company/corporation whose shares are regularly traded on one or more established securities markets
<b>C</b> <input type="checkbox"/>	Active NFE – A Government Entity, an International Organisation (e.g. United Nations or NATO) or a Central Bank <i>If you have ticked box A, B or C, please proceed to Part 4</i>
<b>D</b> <input type="checkbox"/>	Active NFE – The entity is an Active NFE other than above (for example a non-profit NFE, NGO, Trust or a Manufacturing/Trading/Service entity which derives more than 50% of gross income and assets from active income, like sales of goods and/or services) <i>If you have ticked box D, please proceed to Part 2</i>
<b>1.3</b>	<b>Passive Non-Financial Entity – Passive NFE</b>
<b>A</b> <input type="checkbox"/>	Passive NFE (i.e. more than 50% of its gross income from Passive Income, for instance: Interest, dividend, return on investments)
<b>B</b> <input type="checkbox"/>	An Investment Entity incorporated/located in a Non-CRS Participating Jurisdiction and managed by another Financial Institution
	<b>If you have ticked box A or B in section 1.3, please provide the name of all Controlling Persons of the entity, proceed to Part 2 and also complete “CRS Tax Residency Self Certification Form for Controlling Persons”.</b>
	Name of Controlling Person(s) _____ _____



# CRS Tax Residency Self-Certification Form for Entity (CRS-E)

## PART 2 CRS – DECLARATION OF TAX RESIDENCY

Is entity a tax resident of Pakistan or/and USA **ONLY**?

- Yes (Proceed to Part 4)
- No (Proceed to Part 3)

## PART 3 COUNTRY OF RESIDENCE FOR TAX PURPOSE

Please complete the following table indicating (i) the country where the Account Holder is resident for tax purposes and (ii) the Account Holder’s Taxpayer Identification Number (TIN) or functional equivalent for each country indicated. Please refer to the OECD website for more information on tax residency <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/>

If Tax Identification Number (TIN) is not available, please tick (✓) the appropriate box with reason **A, B or C** as defined below and provide Supporting Evidence:

- Reason A** - The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents
- Reason B** - The Account Holder is otherwise unable to obtain a TIN or equivalent number (*Please provide reasons if this is selected*)
- Reason C** - No TIN is required. (Note: Only select this reason, along-with evidence, if the domestic law of the relevant country does not require the collection of the TIN issued by such country)

	Country(ies) of Tax Residence	TIN or Equivalent	Tick (✓) ONE only (If TIN is not available)		
			Reason A	Reason B	Reason C
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Reason B selected, please explain in the following box(es) why entity is unable to obtain a TIN or Functional Equivalent

1	
2	
3	

## PART 4 DECLARATION AND SIGNATURE

I/We understand that the information supplied by us/me is covered by the full provisions of the terms and conditions governing the Account Holder’s relationship with Al Meezan Investment Management Limited setting out how Al Meezan Investment Management Limited may use and share the information supplied by us/me. We/I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I/We declare that all statements made in this declaration are, to the best of our/my knowledge and belief, correct and complete. We/I undertake to submit a suitably updated Form within 30 days of any change in circumstances which affects the tax residency status or where any information contained herein to become incorrect.

**Company Secretary/Authorized Signatories**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_



# Investment Application Form

Life ko Plan karo...  
Aaj se!

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We do not deal in cash therefore please make the payment through cross cheque or online transfer.

ہم نقد رقم وصول نہیں کرتے اس لیے صرف کراس چیک یا آن لائن ٹرانسفر کے ذریعے ادائیگی کریں۔

Day	Month	Year

Portfolio No.	
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ACCOUNT DETAILS											
Title of Account											
Contact No.:											

INVESTMENT DETAILS			
Name of Fund	Type	Amount in Rs.	Amount in Words

Payment Instrument Details			
Date	Cheque No./Online Transfer	Bank Name	Branch

For Monthly/Quarterly Saving Plan			
<b>Payment Options</b>		<b>Frequency of Payment</b>	
<input type="checkbox"/> 100% Profit	<input type="checkbox"/> 90 % profit periodically & remaining at financial year end	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
<input type="checkbox"/> 90% profit with capital growth	<input type="checkbox"/> Systematic withdrawal Rs. _____	<input type="checkbox"/> Semi Annually	<input type="checkbox"/> Annually (for MSF)

I authorize AI Meezan to redeem my units to pay requested amount at regular interval based in the above instruction./We authorize CDC.Trustee to pay\_\_\_\_\_% on my investment to The Indus Hospital Meezan Indus Hospital Hospital Support Plan (MIHSP).

**Units Mode Holding (Optional)**  Account Statement  Physical Units  CDS Account (mention details below)

CDS Information: Participant / IAS ID: \_\_\_\_\_ Client / House / Investor A/c #: \_\_\_\_\_

**Where did you hear about us?**  News Paper/Advertising  Team member of AI Meezan  Email/SMS  Telemarketing  
 Social Media  Distributors  Website  Others: Please specify

**Cooling Off Rights for Investor**

- Unit Holder(s) can claim refund of their first time investment in a fund (cooling off right) along with deducted front end load (if any) within the cooling off period, however this refund will be subject to the deduction of any applicable contingent load (back end load) and taxes.
- Cooling off period shall be three business days commencing from the date of issuance of Investment Acknowledgment Letter.
- Refund can be obtained by submitting written request at any of AI Meezan office/branch.
- The units held will be redeemed at the redemption price applicable on the date of submission of request (as per applicable cut off timings) and payment will be made within 6 business days.

**NOTE:**

- Please write your Portfolio no. (if any) or CNIC no. (In case of new investor) on the front of cheque.
- In any case cash will not be accepted. If the cheque is returned unpaid, the transaction of that day will be rejected
- For Name and type of Funds please refer to the next page.
- Please prepare payment instrument – CDC Trustee(fund name/plan name)

### 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/our knowledge. I/We 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.

\_\_\_\_\_  
Authorized Signatories with rubber stamp

Form Received By	Name and Signature of Reporting Agent	Signature and Stamp of Distributor
Order Number	Trade Authorized by	Signature and Stamp of Transfer Agent
Reporting Date		
Order Authorized by		



**TITLES FOR AL MEEZAN FAMILY OF FUNDS**

Name of Fund	Type	Account Payee Title	Sales Load
• Meezan Islamic Fund (MIF)	• Growth B • Income	CDC Trustee Meezan Islamic Fund	2.00 %
• Al Meezan Mutual Fund (AMMF)	• Growth B • Income	CDC Trustee Al Meezan Mutual Fund	2.00 %
• KSE Meezan Index Fund (KMIF) *	• Growth B • Income	CDC Trustee KSE Meezan Index Fund	2.00 %
• Meezan Islamic Income Fund (MIIF)	• Growth B, Growth C • Income	CDC Trustee Meezan Islamic Income Fund	0.5%
• Meezan Sovereign Fund (MSF)	• Monthly Income, • Growth C, Income	CDC Trustee Meezan Sovereign Fund	0.5%
• Meezan Cash Fund (MCF)	• Monthly Income, • Growth C, Income	CDC Trustee Meezan Cash Fund	0 %
• Meezan Balance Fund (MBF)	• Growth B	CDC Trustee Meezan Balanced Fund	2.00 %
• Meezan Tahaffuz Pension Fund (MTPF)		CDC Trustee Meezan Tahaffuz Pension Fund	3.00 %
• Meezan Gold Fund **	• Growth C	CDC Trustee Meezan Gold Fund	2.00 %
• Meezan Energy Fund	• Growth A • Growth B	CDC Trustee Meezan Energy Fund	3.00 %
• Meezan Rozana Amdani Fund (MRAF)****	• Money Market	CDC Trustee Meezan Rozana Amdani Fund	0%
<b>Allocation Scheme ***</b>			
<b>Meezan Financial Planning Fund of Funds-Plans</b>	<b>MIF (Equity)</b>	<b>MSF (Income)</b>	
Meezan Financial Planning Fund of Funds (MFPP) Aggressive Allocation Plan	65%	25%	CDC Trustee MFPP Aggressive Allocation Plan 2.00 %
Meezan Financial Planning Fund of Funds (MFPP) Moderate Allocation Plan	45%	45%	CDC Trustee MFPP Moderate Allocation Plan 1.5%
Meezan Financial Planning Fund of Funds (MFPP) Conservative Allocation Plan	20%	70%	CDC Trustee MFPP Conservative Allocation Plan 1.00 %

\* Transaction Cost of 0.25% shall be charged on purchase of units of KSE- Meezan Index Fund

\*\* For Meezan Gold Fund customers, Price Adjustment Charge (PAC) of 1% shall be added to NAV to determine Offer Price, and 1% shall be deducted from NAV to determine Redemption Price

\*\*\* Minimum Allocation

\*\*\*\* Minimum Investment in Meezan Rozana Amdani Fund is Rs.500,000/- or above

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Authorized Signatories with rubber stamp