





# Investor Account Opening Form for Individual

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NOMINATION DETAIL (Optional)		(For Single and MTPF Account)
<b>NOMINEE 1</b>		
Sharing %:	Relationship with Principal:	Customer ID (if any):
Name:		
CNIC/NICOP/Passport:		
<b>NOMINEE 2</b>		
Sharing %:	Relationship with Principal:	Customer ID (if any):
Name:		
CNIC/NICOP/Passport:		
<b>NOMINEE 3</b>		
Sharing %:	Relationship with Principal:	Customer ID (if any):
Name:		
CNIC/NICOP/Passport:		
<b>KYC DETAILS OF PRINCIPAL ACCOUNT HOLDER</b>		<b>(Mandatory for compliance with regulatory requirements)</b>
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/Investments	
Name of Employer/ Business (if Applicable):		
<b>Please describe if Yes is selected</b>		
Has any Financial Institution ever refused to open your 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"/> Website <input type="checkbox"/> Others: Please specify _____	
<b>DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(S)</b>		
<p>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.</p>		
_____ Signature of Principal / Joint Account Holder(s)		
<b>APPLICATION CHECKLIST</b>		<b>(to be filled by Sales Officer)</b>
Individual:	<input type="checkbox"/> Copy of CNIC(s) <input type="checkbox"/> Business / Employment proof <input type="checkbox"/> Zakat Declaration (where applicable)             CRS Form <input type="checkbox"/> Others	
	<input type="checkbox"/> Copy of Form B <input type="checkbox"/> Health Questionnaire (where applicable) <input type="checkbox"/> FATCA Form             Risk Profile Form             HQ	
Risk Category:	<input type="checkbox"/> High <input type="checkbox"/> Low	
<b>Sales Person Name and Code</b>	<b>Reporting Date &amp; Person</b>	<b>Stamp of Distributor</b>
	<b>Remarks</b>	<b>Transfer Agent</b>
<p>Note :</p> <p>Al Meezan Investments offers wide range of Value Added Services, including Mobile Application, Transaction Alert, E-Transactions, Member Services Area, Internet Banking Services, Meezan Easy Cash, ATM Facility, Email Services and SMS Services. For details please visit <a href="http://www.almeezangroup.com">www.almeezangroup.com</a> or Call 0800-42525.</p>		

**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 Investors

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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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<b>Risk- Return Tolerance Level</b> 1. Lower Risk, Lower Returns 4. Medium Risk, Medium Returns 8. Higher Risk, Higher Returns	<b>Monthly Savings:</b> 2. Rs. 25,000- Rs. 150,000 3. More than Rs. 150,000	<b>Occupation:</b> 1. Retired 2. Housewife/ Student 3. Salaried 4. Business/ Self-employed
<b>Investment Objective:</b> 2. Cash Management 4. Monthly Income 8. Capital Growth/ Long Term Savings/ Retirement	<b>Your level of knowledge of Investments and Financial markets?</b> 2. Limited/Basic/Average 3. Good/Excellent	<b>Investment Horizon:</b> 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 کیلنگری میری رسک پروفائل کے مطابق تجویزی ہے۔ لیکن میں اپنی مرضی کے مطابق کسی بھی دوسری فنڈ کیلنگری میں انویسٹمنٹ کر سکتا/کر سکتی ہوں۔

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. 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



# CRS Form for Tax Residency Self Certification For Individuals, Joint Accounts (CRS-I)

Customer ID  
(For Official Use Only)

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

Chapter XIA 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 each person’s tax residency. If your 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.

You can find summaries of defined terms in the Glossary of Terms provided at page 3 of this form.

Please complete this form if you are an individual, a sole trader or sole proprietor. Please use a separate form for each individual of a Joint Account. In case of Minor Account, guardian should complete this form on behalf of account holder i.e. minor.

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.

<b>PART 1</b>		<b>ACCOUNT HOLDER INFORMATION</b>	
<b>Name of Investor</b>	<b>Date of Birth</b>		
<b>Place of Birth</b>	<b>City:</b>	<b>Country:</b>	
<b>Current Residence Address</b>	<b>Mailing Address (Complete only if different from current address)</b>		
Address Line 1:	Address Line 1:		
Address Line 2:	Address Line 2:		
City:	City:		
Province/State:	Province/State:		
Country:	Country:		

<b>PART 2</b>	<b>CRS – DECLARATION OF TAX RESIDENCY</b> <small>(Please refer to Appendix – I for your tax residency status)</small>
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I am tax resident of Pakistan or/and USA **ONLY**.

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



## CRS Form for Tax Residency Self Certification For Individuals, Joint Accounts (CRS-I)

### 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 you are unable to obtain a TIN or Functional Equivalent

1	
2	
3	

### PART 4 DECLARATION AND SIGNATURE

I understand that the information supplied by 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 me. 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 declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete. 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.

Investor's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Section 1: PERSONAL INFORMATION**

Mr.  Mrs.  Miss Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ CNIC Number: \_\_\_\_\_ Contact No: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Title of Business: \_\_\_\_\_ Office Telephone: \_\_\_\_\_ Fax No: \_\_\_\_\_

Designation: \_\_\_\_\_ Exact Daily Duties \_\_\_\_\_ Email Address: \_\_\_\_\_

Office Address: \_\_\_\_\_

Account Opening Date: \_\_\_\_\_ Account Number: \_\_\_\_\_ Customer ID: \_\_\_\_\_

Type of Allocation Plan:  **MFPP - Aggressive**  **MFPP - Moderate**  **MFPP - Conservative**

Type of Investment Account:

<input type="checkbox"/> Hajj Savings Plan	⇒	Investment Amount in (Rs.): _____	Term: _____
<input type="checkbox"/> Education Savings Plan	⇒	Investment Amount in (Rs.): _____	Term: _____
<input type="checkbox"/> Home Builder Plan	⇒	Investment Amount in (Rs.): _____	Term: _____
<input type="checkbox"/> Wedding Savings Plan	⇒	Investment Amount in (Rs.): _____	Term: _____

Height: \_\_\_\_\_ feet / \_\_\_\_\_ inch Weight: \_\_\_\_\_ Kg / \_\_\_\_\_ Lbs Do you use tobacco or alcohol?  No  Yes \_\_\_\_\_ Specify quantity

**Section 2: MEDICAL DECLARATION (to be completed by proposed investor).**

 Before returning this form to your bank, please fold and staple the bottom half of the form to this line to conceal your answers to the medical questions below.

**Provide details for any "Yes" answers below. Use a separate sheet if necessary.**

1 Have you had any injury, sickness, or ailment, or have you consulted or been treated by a healthcare provider for any reason in the past five years?  Yes  No

2 Have you ever had:

A. High Blood Pressure, Heart Disease, or Arteriosclerosis?  Yes  No

B. Mental Illness, Stroke, or Epilepsy?  Yes  No

C. Cancer, Diabetes, or Nephritis?  Yes  No

D. Any problem with the back or spine?  Yes  No

E. Acquired Immune Deficiency Syndrome (AIDS), AIDS related Complex (ARC) or an immune system disorder?  Yes  No


3 Are you now unable to work full time because of any disorder or disease?  Yes  No

4 Do you take regular medication for Treatment or Control of any condition or ailment?  Yes  No

5 Do you contemplate any operation or visit to a doctor for an existing injury or ailment?  Yes  No

6 During the last 2 years, have you been involved in any type of hazardous occupation or avocation?  Yes  No

**For Females only:** Are you pregnant, or have you ever had any gynecological, obstetrical or breast disease / medical condition?  Yes  No

	Injuries, Disease, Disorders & Operation	Month, Year	Duration	Result	Name and Address of Health Care Providers consulted
<b>Example.</b> 	Road Traffic Accident	January, 2001	3 days hospitalization	Fracture	Dr. Saleem, AKUH, Karachi

**Authorization and Declaration - Please read and sign below:**

I hereby certify that all answers to questions appearing on this form are true and complete to the best of my knowledge and belief.

For Underwriting and claim purposes, I give my permission to: Any physician or other medical practitioner, hospital, clinic, other medical or medically related facility, takaful/ insurance company, or employer to give Pak-Qatar Family Takaful Limited or its authorized representative ALL INFORMATION on my behalf including copies of records with reference to any sickness, accident disability, treatment, examination medical investigation, advise or hospitalization underwent.

I hereby apply for the Family Takaful coverage under the terms and conditions of the master Participant Membership Document. In case, if the basis of coverage is Contributory, I certify that I shall pay the contribution mentioned above to the participant discontinuation of which terminates my takaful cover automatically. In case however, if the basis of coverage is Non-Contributory, I certify and know that the discontinuance of Takaful Contribution by the participant on my behalf to the Takaful Company will terminate my Family Takaful over automatically.

A photocopy of this form will be as valid as the original.

Date of Statement: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Investor's Signature \_\_\_\_\_

Please affix your signature as on CNIC.

**Declaration by the Policyholder/Financer/Employer**

I/We hereby confirm that the information provided above is true to the best of our knowledge, belief and record. I/We also confirm having read and understood the terms of Master Participant Membership Document (PMD), and also understand that such benefits are payable subject to and in accordance with the terms of the Master Participant Membership Document (PMD), where applicable.

Date of Statement: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ AMI's Representative Signature \_\_\_\_\_

Please affix official stamp/seal with signature



# For MFPF Plans and Takaful Coverage Details

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No. AMIM-01-02-2019

Day	Month	Year

Portfolio No.	
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**NOTE: ALL FIELDS IN THE FORM ARE MANDATORY**

Name (as per CNIC) Mr. / Mrs. /Ms. / M/s:	
Contact No.:	

**Selection of Plan (Please tick the appropriate Plan)**

Education Savings Plan     
  Wedding Savings Plan     
  Home Builder Plan     
  Hajj Savings Plan

**Allocation Scheme**

Aggressive     
  Moderate     
  Conservative

**Plan Maturity and Term**

Date of first investment		Term of Plan (min 3 years / max 18 years)
Plan Maturity Date		

**Investment Details**

Initial Investment amount		Investment amount in words
Date	Cheque Number	Bank Name
		Branch
Subsequent Investment amount		Investment amount in words

**Frequency of payment**     
 Monthly     
 Quarterly     
 Semi-annually     
 Annually

**Mode of payment**

Standing Instruction from attached (SIP)  
 Standing instruction to the employer to debit contribution from salary and credit in favor of scheme  
 Post dated cheques based on frequency of contribution

Number of cheques		Amount per cheque (Rs.)	
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**Declaration And Specimen Signature of Account Holder.**

I/We hereby confirm to 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, Supplement Trust Deeds, and Supplemental Offering Documents that govern the transactions and further acknowledge understanding of the risks involved in mutual fund. I give my consent to the deduction of Takaful premium through redemption from my MFPF account every month or at a frequency mutually agreed between Al Meezan Investments and the Takaful Company. Further, I consent to rate revisions by the Takaful Company in view of internal company policies or changes in market dynamics.

\_\_\_\_\_  
Signatures of Principal/Joint Account Holder(s)

**Note:** Takaful coverage is subject to applicable terms & conditions and submission of all required documents. Further, coverage shall initiate subsequent to the clearance by the Takaful Company as per their underwriting criteria.

**For Office Use only**

**Information Regarding Takaful Coverage**

Takaful initiation date	
Takaful coverage amount (Rs.)	Current applicable Takaful rate

**Application Check List**     
 Account Opening Form for individual (for New Investor)     
 Health Declaration Form  
 Conversion Form (in case of conversion from other funds/plans)     
 SIP Form





## For MFPF Plans and Takaful Coverage Details

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<b>Form Received By</b>	<b>Name and Signatures of Reporting Agent</b>	<b>Order Authorized By</b>
<b>Signature and Stamp of Distributor</b>	<b>Reporting Date</b>	<b>Signature &amp; Stamp of Transfer Agent</b>
	<b>Order Number</b>	

### TITLES FOR AL MEEZAN FAMILY OF FUNDS

NOTE: DETAILS OF NAME OF FUNDS, TYPE OF FUNDS AND ACCOUNT PAYEE TITLE

Meezan Financial Planning Fund of Funds-Plans	Allocation Scheme		ACCOUNT PAYEE TITLE
	MIF (Equity)	MSF (Income)	
Meezan Financial Planning Fund of Funds (MFPF) Aggressive Allocation Plan	65%*	25%*	CDC Trustee MFPF Aggressive Allocation Plan
Meezan Financial Planning Fund of Funds (MFPF) Moderate Allocation Plan	45%*	45%*	CDC Trustee MFPF Moderate Allocation Plan
Meezan Financial Planning Fund of Funds (MFPF) Conservative Allocation Plan	20%*	70%*	CDC Trustee MFPF Conservative Allocation Plan

\*Minimum Allocation

### TAKAFUL RATE SCHEDULE

Below is the applicable age-based Takaful Schedule according to which Takaful deductions shall be made from the investor's account:

Age-band	Rate per 1,000 of Takaful Sum
18 - 25	0.56
26 - 30	0.80
31 - 35	1.11
36 - 40	1.59
41 - 45	2.45
46 - 50	4.38
51 - 55	9.98



## STANDING INSTRUCTIONS FORM For subscribing of MFPF Savings Plan (SIP)



**Meezan Bank**  
The Premier Islamic Bank

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Day	Month	Year

Portfolio No.	
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<b>PRINCIPAL ACCOUNT HOLDER</b>				
Name (as per CNIC) Mr. / Ms. / M/s:				
CNIC/NICOP Number		Contact Details		
<b>DEBIT INSTRUCTIONS DETAILS FOR MEEZAN BANK LTD</b>				
Bank Account Number	Branch Code	Branch Name	Amount Rs.	Amount in Words
<p>I/we herby authorize Meezan Bank Limited to debit by /our account with aforementioned amount and credit the respective collection account of the funds mentioned below on the 10th of every month if its a working day , or on subsequent working day and credit the amount as per the details given below</p> <p><b>DECLARATION : (with rubber stamp in case of Corporate Client )</b> 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 &amp; understood the Trust Deeds,Offering Documents,Supplement Trust Deeds and Supplemental Offering Documents that govern the transaction and further acknowledge understanding of the risk involved in mutual funds.</p> <p style="text-align: center;"> <span style="margin-right: 100px;">_____</span> <span style="margin-right: 100px;">_____</span> <span>_____</span>  Principal Account Holder                      Joint Account Holder 1                      Joint Account Holder 2 </p>				

<b>CREDIT INSTRUCTION / INVESTMENT DETAILS</b>			
Name of Beneficiary of Investment		Portfolio No. of Beneficiary of Investment	
Fund	Fund Collection Account Number	Contribution Amount (Rs.)	Contribution In Words
MFPF -Aggressive	0103-0101163925		
MFPF -Moderate	0103-0101163956		
MFPF Conservative	0103-0101163951		
<b>Name of Savings Plan</b> <input type="checkbox"/> Hajj Plan <input type="checkbox"/> Wedding Plan <input type="checkbox"/> Education Plan <input type="checkbox"/> Home Plan			
<b>Frequency of Debit</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annual <input type="checkbox"/> Annual			

- NOTE:**
- The form needs to be verified from the respective branch of Meezan Bank
  - If the funds are not received within 3 working days then NAV of above date will not be entertained
  - All the payments will be executed on the 10th of each period and accordingly offer prices of that date will apply . In case of holiday or closed period on that date the offer prices of the first subscription date of the respective fund shall apply .
  - The unit Holder may unsubscribe by filling an application

<b>Branch Use Only</b>	<b>Authorized Person at Branch</b>	<b>Reporting Date</b>	<b>Signatures and Stamp of Distributor</b>
Distributor Branch			
<b>TA and WMO Use Only</b>			
STO Input By	STO Authorized By	STO MBL Input	STO MBL Authorized

**Remarks**