

Date: _____

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|-----------------|--|--|--|--|--|--|
| ABL AMC A/C No. | | | | | | |
|-----------------|--|--|--|--|--|--|

1. INFORMATION ABOUT THE PRINCIPAL ACCOUNT HOLDER (FILL IN BLOCK LETTERS)
Applicant Status Individual Sole proprietorship Partnership Joint Stock Companies Club Societies and Associations
 Trusts Executor and Administrators Other (Please specify) _____

| | | |
|--|--------------------|--|
| Name of Applicant: _____ | | Zakat Deduction |
| CNIC: _____ - _____ - _____ | Passport No: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Father's / Husband / Guardians Name: _____ | | Tax Exemption |
| Address: _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| City: _____ Country: _____ Tel: _____ | | Gender |
| Mobile: _____ Fax: _____ E-mail: _____ | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Religion: _____ Nationality: _____ | | Marital Status |
| | | <input type="checkbox"/> Single <input type="checkbox"/> Married |

2. DECLARATION

I/We hereby acknowledge having read and understood the relevant Trust Deed(s), Offering Document(s) and guidelines (on the back of this Form) that govern the account opening and further acknowledge having understood the risks involved and I/We agree to abide by the terms and conditions therein:

3. INVESTMENT DETAILS
Growth Units:
 The Unit value grows in line with the growth in the NAV, and the Unit Holders shall have the option to receive distribution income in the form of cash or bonus units, as and when declared.
 Distribution option: Cash Dividend
 Bonus Units

OR

Income Units: (Where applicable)
Flexible Income Plan (Income based on performance of the fund).
Fixed Income Plan (Income based on requirement of the investor), please specify amount Rs. _____
 (Please note that in case of fixed income plan if the income required exceeds income earned on the Fund, the principal invested may deplete over time).

Periodic Payment:
 Periodic Payment on Income Units (I authorize ABL AMC to redeem my units to pay my income at regular intervals based on the above instructions)
 Please Tick one: Monthly Quarterly
 Half Yearly Annually

4. INSTRUCTIONS REGARDING PAYMENTS ON ACCOUNT OF DISTRIBUTION OR REDEMPTION
DISTRIBUTION MANDATE (In case of growth Units)
 In case of Cash Dividend : Re-invest
 Provide Cash
 In case of Bonus Unit s: Re-invest
 En-cash Bonus Units

 Send Dividend & Redemption cheques to: Registered Address
 Bank
 (If bank option is selected, please provide following details)

| | |
|------------------|-------|
| Title of Account | _____ |
| Name of Bank | _____ |
| Branch | _____ |
| Account No. | _____ |

5. INFORMATION ABOUT JOINT ACCOUNT HOLDERS (IF ANY) / JOINT SIGNATORY (IF ANY) FOR INSTITUTIONAL CLIENTS

| | | | |
|----------------------------------|--|---------------------------|-------|
| Name: (Mr./Mrs./Ms.) _____ | | Specimen Signature | _____ |
| CNIC /Passport No: _____ - _____ | | | |
| Name: (Mr./Mrs./Ms.) _____ | | Specimen Signature | _____ |
| CNIC /Passport No: _____ - _____ | | | |
| Name: (Mr./Mrs./Ms.) _____ | | Specimen Signature | _____ |
| CNIC /Passport No: _____ - _____ | | | |

6. INFORMATION ABOUT NOMINEE(S) (not applicable in case of joint holding)

| Name (Mr./Mrs./Ms.) | Relationship with Account Holder | Share(%) | Address |
|---------------------|----------------------------------|----------|---------|
| | | | |
| | | | |

7. ACCOUNT OPERATING INSTRUCTIONS
 Principal Account Holder Only Jointly (any two signatories) Jointly (All) Either or Survivor Other Instructions (Attached)

8. INSTRUCTIONS FOR DELIVERY OF ACCOUNT INFORMATION
Daily NAV: E-Mail SMS Both
Account Statement: E-Mail Post Do not send **Frequency:** Monthly Quarterly Half Yearly Annually

9. SIGNATURE

| | | | | |
|-----------|-----------|-----------|-----------|---|
| | | | | |
| Signature | Signature | Signature | Signature | Rubber Stamp (in case of Institutional Client) |

10. FOR OFFICE /DISTRIBUTOR'S USE ONLY

| | | |
|-------------------------------|-----------|------|
| | | |
| Investment Facilitator/Branch | Signature | Date |

 ACCOUNT OPENING FORM
 (Individuals & Institutions)



Guidelines for Completing Account Opening Form (ABL AMC-01)

This Form is common for both individual and institutional customers and is designed to make investments in the Funds managed by ABL AMC.

Please complete the application Form in Block Letters using a ball pen.

INFORMATION ABOUT THE PRINCIPAL ACCOUNT HOLDER

Information about the principal account holder is recorded under this section:

OTHER INSTRUCTIONS

1. Principal account holder must sign in the space provided.
2. The officer will not accept the form without the signature of the principal account holder.
3. In case an investor cannot sign the form, he/she will have to visit our office/designated bank branch personally and submit one (1) recent passport size photograph which will have to be attested/verified by the Branch Manager/Customer Services Manager of the office/designated bank branch along with verification of thumb impression on the Account Opening Form. Every time the photo Account Holder wants to redeem his/her Investment, he/she will have to come personally to the office/designated bank branch and the redemption form will only be accepted when the thumb impression has been attested/verified by the office/designated bank branch Manager/Customer Service Manager.

REQUIRED DOCUMENTS

Please provide the following documents with your Account Opening Form:

INDIVIDUALS

1. Copy of CNIC
2. Know Your Customer (KYC) Form
3. Copy of Zakat Affidavit (Only in case if "No" is selected in Zakat Deduction column)
4. Tax Exemption Certificate (Only in case if "Yes" is selected in Tax Exemption Column)
5. For Joint account holders of CNIC/Passport No. (for foreigners only)
6. Copy of CNIC of Nominee (Optional)

OTHERS/CORPORATES

1. Copy of Incorporation/Registration Certificate
2. Copy of Certificate for Commencement of Business
3. Copy of Memorandum & Articles of Association / Trust Deed / Partnership Deed (as applicable)
4. List of Authorized Signatory(ies) with specimen signatures
5. Board Resolution (in case of Private/Public Limited Co.)
6. Photocopies of CNIC of Directors/Trustees/Partners/Proprietors
7. Any other Instructions (attached)