



## Know Your Customer / Due Diligence Form for Individual Investors

(In compliance with Regulation 9 of the NBFC & NE Regulations, 2008 and SECP's Circular No.12 dated April 28, 2009)

This Form is meant and adopted to establish the identity of the client by using reliable, independent source of documents, data and information, under NBFC & NE Regulations, 2008.

1. Name (Mr/Mrs/Ms) نام (محترم/محترمہ/ریگم) \_\_\_\_\_

2. (i) Nationality \_\_\_\_\_ (ii) Do you have other Nationalities? (If Yes Please disclose all Nationalities )\*

Nationality 2. \_\_\_\_\_ Nationality 3. \_\_\_\_\_

\* In case of U.S. Citizens / Green Card Holders / Residents please fill out the form over leaf for FATCA Compliance

3. Country of Residence \_\_\_\_\_ 4. Place of Birth \_\_\_\_\_

5. Marital Status ازدواجی حیثیت  Single غیر شادی شدہ  Married شادی شدہ

6. No. of Dependents کنبے میں شامل افراد \_\_\_\_\_

7. Occupation پیشہ

Employment  Self Employed ذاتی کاروبار  House Wife گھریلو خاتون

Other (Please Specify) مزید کوئی (وضاحت کریں) \_\_\_\_\_

8. (i) Name of Employer / Business \_\_\_\_\_

(ii) Position Held \_\_\_\_\_

9. Source of Funds (Multiple options can be Selected) ذریعہ معاش (ایک سے زیادہ بھی منتخب کر سکتے ہیں)

Salary تنخواہ  Business  Inheritance وراثت  Stock / Investment اسٹاک / انویسٹمنٹ

Home Remittance ترسیل زر  Other \_\_\_\_\_

10. Customer Profile (High Categorized) \_\_\_\_\_

Non-Resident  Customer Dealing in High - value items  Refused by other Financial Institutions

NGO/ not-for-profit Organizations & Trusts / Charities  Holding Public or high profile Position

حتمی ملکیت کا کارنامہ (اگر سرمایہ کاری کرنے والے سے مختلف ہو) تو برائے مہربانی قومی شناختی کارڈ کی کاپی اور اس کے متعلق ضروری دستاویز بھی فراہم کریں۔  
نوٹ: رقم کی واپسی صرف سرمایہ کار کے نام ہوگی۔

Date  
تاریخ

Unit Holder's Signature  
یونٹ ہولڈرز کے دستخط

Documents to be attached for Individual / Sole Proprietorship (if not already provided)

a. Copy of CNIC / Passport

b. Business / Employment Proof

Note: Tax and Zakat Exemption Certificate / Affidavit are Mandatory if exempted.

مندرجہ ذیل دستاویزات فراہم کیجئے (اگر پہلے فراہم نہیں کیے گئے)

ا۔ شناختی کارڈ / پاسپورٹ کی کاپی۔

ب۔ کاروبار / ملازمت کا سبوت۔

نوٹ: ٹیکس اور ذکوۃ استثناء سرٹیفکیٹ را اگر استثناء شدہ ہے۔

(This Form is Mandatory for Individuals only)

ABL Asset Management Co. Ltd.: 11-B, Lalazar, M.T. Khan Road, Karachi-74500, Pakistan.  
Phone: (021) 99207411-13 Fax: (021) 99207407 Toll Free: 0800-22526 Web: www.ablamc.com

## Information for FATCA Compliance

Principal Unit Holder Name (Ms/Ms/Mrs) \_\_\_\_\_ U.S.A Social Security No.    -   -

U.S.A Passport No. \_\_\_\_\_

Country of Residence \_\_\_\_\_ Do you hold U.S.A Permanent Resident Card (Green Card)?  Yes  No

Are your spouse/children U.S.A Resident / Citizen  Yes  No If yes, please provide Social Security & Passport No. below:

Spouse    -   -     U.S.A Passport No. \_\_\_\_\_ Child 1    -   -

Child 1 U.S.A Passport No. \_\_\_\_\_ Child 2    -   -     Child 2 U.S.A Passport No. \_\_\_\_\_

Residential Status  Resident  Non-Resident U.S.A Tax Identification No. (TIN) \_\_\_\_\_  
(In case of U.S.A Citizen)

Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Mailing Address (If in U.S.A): \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Residence Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Mobile \_\_\_\_\_  
country code city code country code city code country code city code

Are you the ultimate beneficiary of this investment account  Yes  No If no, please provide Name and Social Security No. below:

Name \_\_\_\_\_ U.S.A Social Security No.    -   -

Note: Country and city code information are mandatory

In order to fulfill this requirement, kindly provide us your completed W-9 or W-8 form form and/or other forms of documentation that certifies your status as U.S. taxpayers or not, declaring your tax status.

In consideration of ABL AMCL maintaining/continuing to maintain my/our accounts with it, I / We expressly and unconditionally authorize ABL AMCL to disclose relevant account and / or personal information to third parties including the US tax authorities as well as take necessary action including stopping redemption from my / our accounts and / or withholding of tax for the purpose of ABL AMCL complying with its obligations under the US Foreign Account Tax Compliance Act ("FATCA").

I / We undertake to fully cooperate with ABL AMCL to ensure it meets its obligations under FATCA in connection with my / our accounts.

I / We irrevocably confirm and undertake that I/We shall indemnify, defend and hold harmless ABL AMCL its directors, officers and employees 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 may be suffered or incurred by ABL AMCL in discharging its obligations under FATCA and/or as a result of disclosures to the US tax authorities.

I/ We acknowledge and accept that the ABL AMCL reserves the right to close or suspend without prior notice, my/ our accounts if required document / information is not submitted within stipulated time.

\_\_\_\_\_  
Principal Unit Holder's Name

\_\_\_\_\_  
Principal Unit Holder's Signature

\_\_\_\_\_  
Joint Holder / Guardian Name (in case of minor)

\_\_\_\_\_  
Joint Holder / Guardian Signature (in case of minor)