

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/ربگم) _____

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 / اگر استثناء شدہ ہے۔

(This Form is Mandatory for Individuals only)

Plot # 18 C, Stadium Lane # 1, Khadda Market D.H.A. Phase V, Karachi.
Telephone: (042) 111-225-262 Website: ablmc.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)