



Habib Asset Management Limited

ACCOUNT OPENING FORM (for Institutional Clients)

WE DO NOT ACCEPT CASH

General Instructions

1. Please fill the form in **block letters and clear hand writing** Please do not overwrite as it might lead to errors in processing your application.
2. All fields are mandatory except for Official Use only.
3. Please tick in the appropriate box where applicable, otherwise mark N/A (Not Applicable).
4. It is the responsibility of the applicant to understand the general instructions, terms and conditions in this form.
5. All cheques should be made in favor of CDC Trustee (Name of fund).
6. Redemption proceeds will be made to the bank or in bank accounts as updated by investor through service request form.
7. Kindly fill the form yourself or get it filled in your presence. Do not sign or submit blank form.

Date _____

Folio Number _____
(For Office Use)

Name of Entity _____ Postal / Zip Code _____

Registered Office Address _____ Postal / Zip Code _____

Mailing Address _____

Place of Incorporation _____ Province/State/Country _____ City/Town. _____

Tel. (Off) _____ Fax. _____ Email(s) _____

Bank Details

Bank Name _____ Account / IBAN Number _____

Branch Name & Address _____ City _____

Know Your Customer (KYC)

*This section is meant and adopted to establish the identity of the client by using reliable, independent source of documents, data and information, under SECP Circular No.12 of 2009.

- Customer Type
- | | |
|--|---|
| <input type="checkbox"/> Trust/Clubs/Associations/Societies/NGOs | <input type="checkbox"/> Government Organisation |
| <input type="checkbox"/> Joint Stock Company (Public, Private) | <input type="checkbox"/> District Government/Local Government Organisations |
| <input type="checkbox"/> Partnership (Registered/Unregistered) | <input type="checkbox"/> Foreign Missions/International |
| <input type="checkbox"/> Others (Please specify) | |
- Nature of Business
- | | | | | |
|--|--|--------------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Import/Export | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Trading | <input type="checkbox"/> Other |
|--|--|--------------------------------------|----------------------------------|--------------------------------|

Signatoires

	Name: Mr./ Ms./ Mrs.	Specimen Signature	CNIC NO.
1			
2			
3			

- OPERATING INSTRUCTIONS:**
- | | | |
|--|--|---|
| <input type="checkbox"/> Singly (Either or Survivor) | <input type="checkbox"/> Principal Account Holder only | <input type="checkbox"/> Jointly (any two Authorized Signatories) |
| | <input type="checkbox"/> Jointly (all Account Holders) | <input type="checkbox"/> Instructions Attached |

Dividend Payment Instructions

- To be reinvested for purchase of additional Units
- To be deposited in Bank
- To be paid by cheque and sent to the registered address

Bank & Branch Name _____

IBAN/Account number _____

Customer Care

- | | | | |
|---|-----------------------------------|--|---------------------------------------|
| Delivering Account Statements | <input type="checkbox"/> By Post | <input type="checkbox"/> By Email | <input type="checkbox"/> Not required |
| Frequency of Account Statements | <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly | |
| Subscription to NAV Alerts | <input type="checkbox"/> By Email | <input type="checkbox"/> By SMS | |
| Frequency of NAV Alerts | <input type="checkbox"/> Daily | <input type="checkbox"/> Alternate Days | <input type="checkbox"/> Weekly |
| Subscription to FMR Service | <input type="checkbox"/> By Post | <input type="checkbox"/> By Email | <input type="checkbox"/> Not required |
| Subscription to view Online Account Statement | <input type="checkbox"/> Yes | <input type="checkbox"/> No (If yes) Email | |
| Financial Statements | <input type="checkbox"/> Email | <input type="checkbox"/> Hard Copy Printed | |

Institutional Clients shall attach: 1) Articles and Memorandum of Association 2) Certificate of Incorporation 3) List of Directors with CNIC copies 4) Board Resolution 5) NTN of the Institution with Tax Status 6) Other incorporation document(s)

Habib Asset Management Limited

Foreign Account Tax Act (FATCA) Information Form

For Institutional Customers

1. Name of Entity: _____
2. Registered Address: _____
 City _____ State/Province _____ Country _____
3. Mailing Address: _____
 City _____ State/Province _____ Country _____
4. Contact Details (With Country and City Court):
 1. _____ 2. _____ 3. _____
5. Country of Incorporation/Registration: _____
6. Does any of the owners/partners/directors are US Citizens. US Resident or Holds US Permanent Resident Card (Green Card)?
 (Tick the Correct option) Yes No
 (If answer of the question 6 is yes, please answer question 7, otherwise mark NA)
7. What is the Percentage of shares or voting rights held by owners/directors who are US Persons?
 % _____, Not Applicable
8. If you are registered with Internal Revenue Service (IRS) of United States of America, kindly provide the following information;
9. U.S Taxpayer's Identification Number (TIN): _____

For Financial Institutions Only:

10. Are you registered with IRS under FATCA: (Please mark the correct option)
 (If the answer of question 10 is yes, please answer question 11, otherwise go to question 12) Yes No
11. Please provide your Global Intermediary Identification Number (GIIN): _____
12. What is your current status under FATCA: _____

HAML

Declaration:

We hereby confirm that the information provided above is true, accurate and complete. Further, we undertake to notify Habib Asset Management Ltd. within 30 calendar days if there is a change in any information provided to the Company. we provide our consent regarding sharing and disclosing our personal and other information.

Authorized Signatories :

Name:	Signature:

Declaration and Signature

We request you to open our account in a Habib Asset Management as per the given details. We hereby acknowledge having read and understood the relevant Trust Deed, Offering Document and Associated Risks. We confirm that the information furnished by us herein, is true, correct and complete in all respects.



Signatures _____

Official Stamp

For Office Use Only :

Customer Risk Classification	Low Risk Customer	High Risk Customer	
<input type="checkbox"/> Form duly completed	<input type="checkbox"/> Relevant copies and documents attached	User ID	
Distributor / Agent Code		Distributor / Agent Name	
Application Processed by		IT Update on	
		Signature & Stamp	
		Transaction ID	

For Distributor Mandatory

CRS Self Certification Form - Entity

Please complete Parts 1 to 4 in BLOCK LETTERS.

Part 1 Identification of Account Holder information has been obtained in Page 01

Part 2 Tax Residence Information

Please complete the following table indicating (i) the country (or countries) in which the Account Holder is a resident for tax purposes and (ii) the Account Holder's Taxpayer Identification Number or functional equivalent (hereafter referred to as 'TIN') for each country indicated.

If the Account Holder is not a resident for tax purposes in any jurisdiction, for example, it is fiscally transparent, please indicate that on line 1 of the following table and provide its place of effective management or country in which its principal office is located.

If the Account Holder is a resident for tax purposes of more than three countries, please use a separate sheet.

If a TIN is unavailable, please provide reason **A,B** or **C** where appropriate:

Reason A : The country where Account Holder is liable to pay tax does not issue TINs to its residents.

Reason B : The Account Holder is otherwise unable to obtain a TIN or functional equivalent (please explain why Account Holder is unable to obtain a TIN in the table below if you have selected this reason)

Reason C : No TIN is required (note: only select this reason if the authorities of the country of residence for tax purposes entered below do not require the TIN to be disclosed)

No.	Company of Residence for Tax Purpose	TIN	If No TIN is available enter Reason A,B or C
1			
2			
3			

No.	If Reason B selected above, explain why the Account Holder is unable to obtain a TIN in the Corresponding row Below
1	
2	
3	

Part 3**Entity Type**

Only tick one box from 1A. to 1G. to provide the Account Holder's status.

Financial Institution (FI)

- 1A. Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution
(complete the 'Controlling Person of Entity' section below if ticking this box)
- 1B. Other Financial Institution

Non-Financial Entity (NFE)

- 1C. Active NFE – A corporation that is publicly traded or a Related Entity of a publicly traded corporation
- The Account Holder is a corporation, the stock of which is regularly traded on which is an established securities market.
- The Account Holder is a Related Entity of _____, a corporation, the stock of which is regularly traded on _____, which is an established securities market.
- 1D. Active NFE – A Governmental Entity or Central Bank
- 1E. Active NFE – An International Organisation
- 1F. Active NFE (other than Entity 1C. to 1E.):
- | | |
|---|---|
| i. Active business | iv. Liquidating company |
| ii. Holding company that is a member of a non-financial group | v. Financial company of a non - financial group |
| iii. Start-up company | vi. Charity or non-profit organisation |
- 1G. Passive NFE: A NFE that is not an Active NFE
(complete the 'Controlling Person of Entity' section below if ticking this box)

Controlling Person of Entity (to be completed if you ticked 1A. or 1G. above)

2A. Indicate the name of any Controlling Person(s) of the Account Holder :

2B. Complete Entity Annex for each Controlling Person :

Note: If there are no natural person(s) who exercise control of the Account Holder then the Controlling Person will be the natural person(s) who hold the position of senior managing official.

Part 4**Declaration and Signature**

I understand that the information supplied by me is subject to the terms and conditions governing the Account Holder's I acknowledge that the information contained in this Form and information regarding the Account Holder and any Reportable Account(s) may be provided, **directly or indirectly**, to **any relevant** tax authority, including the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be resident for tax purposes pursuant to bilateral or multilateral agreements between governments to exchange financial account information.

Certification :

I certify that I am authorised to sign for the Account Holder of all of the account(s) to which this Form relates.

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 of the Account Holder or where any information contained herein to become incorrect.

Sign Here 

Signature of individual authorised to sign for Account Holder

Print Name

Date (DD/MM/YYYY)

Note: Please indicate the capacity in which you are signing the Form.

Capacity: _____