



Habib Asset Management Limited

ACCOUNT OPENING FORM (for Individual only)

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)

Personal Information - Principal Applicant :

Account Title (as per CNIC) _____

Surname(s) _____ First or Given Name _____ Middle Name _____

Preferred Title Mr. Mrs. Ms. Dr. Other Mother's Maiden Name _____

Father/Husband Name _____ Date of Birth _____ Religion _____ Nationality _____

CNIC / NICOP No. _____ Expiry Date _____ Country of Birth _____ Zakat Deduction Yes No (If 'No' please attach affidavit)

Current / Residential Address _____ City / Town _____

Mailing Address _____ City / Town _____

Tel : (Res) _____ Tel (Off) _____ Fax _____

Email(s) _____ PostalCode / ZIP Code _____ Mobile _____

- Please ensure email address and mobile number is correct and active because it will be used to contact you or to facilitate you to access your account information through online portal or transmit financial statements of respective funds

Bank Account Details :

Bank Name _____ Account number _____ IBAN number _____

Branch Name & Address _____ City _____

Other Instructions / Information :

Frequency of Account Statement Monthly Quarterly Annually* Do not send *Default Option

Dividend pay-out instruction: (Please tick one)* Cash Reinvestment (Net of applicable taxes) *In case no option is selected, reinvestment is considered as default option

Nominee(s) :

Name _____ Relationship _____ Share % _____

CNIC / NICOP No. _____ CNIC / NICOP Expiry _____

Name _____ Relationship _____ Share % _____

CNIC / NICOP No. _____ CNIC / NICOP Expiry _____

Joint Holder Signature :

No.	Name: Mr./ Ms./ Mrs.	Specimen Signature	CNIC NO.	% in Holding
1				
2				
3				

OPERATING INSTRUCTIONS : Singly (Either or Survivor) Principal Account Holder only Jointly (any two Authorized Signatories)
 Jointly (all Account Holders) Instructions Attached

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, as per SECP Circular No.12 of 2009, AML laws and other regulatory requirements.

Investor Status :

Residential Status Resident Non-Resident Foreign National

Occupation Govt Employee Private Service Housewife Student Retired Professional
 others (Please Specify) _____
 If Employed, Name of Organization & Designation _____

Education Undergraduate Graduate Post Graduate Professional Others

Marital Status Single Married No. of Dependants _____

Public Figure No Yes (includes Senior Government Officials, Senior Office Bearers of Public Sector Entities, Politicians)

Source of Funds Salary Self-Owned/Family Business (Please specify) Home Remittance Inheritance
 Stock/Investments Other (Please Specify) _____

Average Monthly Income Less than 50k 50 k - 100 k 100 k - 500 k 500k - 1mn 1mn - above

FATCA Checklist :

For Individual & Joint Account Holders (Please write clearly using BLOCK LETTERS) :

• If any of the below is selected as "YES" then kindly provide country specific supporting documents with details

No.	PARTICULARS	PRINCIPLE APPLICANT	JOINT APPLICANT 1	JOINT APPLICANT 2
1	Full Name First Middle Last			
2	Country of Birth			
3	Do you have Multiple Nationalities/Passports?	Yes <input type="checkbox"/> No <input type="checkbox"/> Nat 1: Nat 2: Nat 3:	Yes <input type="checkbox"/> No <input type="checkbox"/> Nat 1: Nat 2: Nat 3:	Yes <input type="checkbox"/> No <input type="checkbox"/> Nat 1: Nat 2: Nat 3:
4	Do you currently hold US green card or US permanent Residency?	Yes <input type="checkbox"/> No <input type="checkbox"/> Card#	Yes <input type="checkbox"/> No <input type="checkbox"/> Card#	Yes <input type="checkbox"/> No <input type="checkbox"/> Card#
5	Are you a Tax Resident in the US?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Overseas/Care-of mailing address & Phone No	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Have you renounced your foreign citizenship or residency?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Have you given Power of Attorney to any Person residing overseas? Please provide Attorney's Address:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Have you given any standing instruction to transfer funds to an account in US?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	W8BEN /W9 Forms submitted with date of Submission.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

- a. If you are a US National or hold a Green Card, please submit W9 Form in original.
- b. If you are not a US resident and were born in the US but have renounced your citizenship, please provide W-8BEN Form in original.
- c. For Entities please submit W-8BEN-E Form in original
- d. If you have stayed in US for more than 183 days in a US tax year, please submit W9 Form in original
- **Note:** S.No. 5 & 6 apply if customer holds a Dual Nationality or a permanent Residence card.

Part 1	Identification of Account Holder Information has been obtained in Page # 01
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Part 2	Tax Residence Information (other than U.S & Pakistan)
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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 or functional equivalent (hereafter referred to as 'TIN') for each country indicated. If the Account Holder is a resident for tax purposes in 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 the Account Holder is resident does not issue TINs to its residents

Reason B: The Account Holder is otherwise unable to obtain a TIN (please explain why Account Holder is unable to obtain a TIN in the below table 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) More details are available in the Instructions to this Form.

No.	Country of residence for tax purposes	TIN	If no TIN is available enter Reason A, B or C
1			
2			
3			

If Reason B selected above, explain why the Account Holder is unable to obtain a TIN in the corresponding row below	
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1	
2	
3	

Declaration

I / We hereby confirm that all information provided in this form is correct to the best of my knowledge and the documents submitted along with this application are genuine. I / We also confirm having read and understood the Trust Deeds and Offering Documents that govern the transactions and in particular the risks disclosures. I confirm that I /We have understood the details of Sales Load to be deducted including taxes thereon as well as the advice given in the Risk Profile section.

I / We hereby permit Habib Asset Management Ltd subject to applicable local laws 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 / We further agree that Habib Asset Management Ltd may withhold from my account(s) such amount as may be required according to applicable laws, regulation and directives. I / We will indemnify and hold harmless Habib Asset Management Ltd 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 Habib Asset Management Ltd in discharging its obligations under FATCA and/or as a result of disclosures to external tax authorities.

I undertake to notify Habib Asset Management Ltd within 30 calendar days if there is a change in any information which I have provided to Habib Asset Management Ltd. I / We understand and accept that Habib Asset Management Ltd reserves the right to close or suspend my account, without prior notice, if required document/information is not submitted within a stipulated time.

Applicant's Signature as per CNIC

Primary Applicant	Joint Applicant One	Joint Applicant Two	Joint Applicant Three
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For Office Use Only			
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FATCA Status	<input type="checkbox"/> US person	<input type="checkbox"/> Non-US person	<input type="checkbox"/> Recalcitrant	
Customer Risk Classification	<input type="checkbox"/> Low Risk Customer	<input type="checkbox"/> High Risk Customer		
<input type="checkbox"/> Form duly completed	<input type="checkbox"/> Relevant copies and documents attached	User ID	<input style="width: 100%;" type="text"/>	Signature & Stamp
Distributor / Agent Code	<input style="width: 100%;" type="text"/>	Distributor / Agent Name	<input style="width: 100%;" type="text"/>	For Distributor Mandatory
Application Processed by	<input style="width: 100%;" type="text"/>	IT Update on	<input style="width: 100%;" type="text"/>	Transaction ID
			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Risk Profiling Questionnaire

Please answer the following questions as candidly as you can. Your answers will help us determine the most suitable products for you.

(Please select only ONE option for each question)

1. Your age at the time of investment

A. Over 50 Years B. 40-50 Years

C. 31-40 Years D. Under 30 Years

2. What is your Marital Status ?

A. Widowed/Divorced B. Married

C. Single

3. How secure is your current and future Income from sources such as salary, pension or other Income sources ?

A. Not Secure B. Fairly Secure

C. Very Secure

4. How long have you been Investing ?

A. First time investment B. up to 3 Years

C. More than 3 Years

5. How familiar are you with investment products ?

A. Not familiar at all B. Have little experience about investment products

C. Completely understands the investment classes and factors that may influence performance

6. What is your Qualification ?

A. Under-Graduate B. Graduate

C. Post-Graduate

8. Your Investment Horizon Is

A. Short-Term (Less than a year) B. Medium-Term (1-5 years)

C. Long-Term (over 5 years)

7. The primary objective of your investment is

A. To earn regular income to meet expenses B. To get some income and some capital growth

C. To get capital growth only

9. What type of investor are you ?

A. Risk Avider, I don't take risk with my money B. Risk Neutral, I can take some risk to increase the overall return on my investment

C. Risk Seeker, I can take highest level of risk to maximize the overall return on my investment

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Risk Profiling Result - Investor's Score	
Question	Applicable Score
Q1	
Q2	
Q3	
Q4	
Q5	
Q6	
Q7	
Q8	
Q9	
Your Total Score	

* A =1, B=2 C=3, D=4

Suitable Funds Categories	Total Score
Money Market	1-10
Income Category Islamic Conventional	11-20
Asset Allocation Category	21-25
Equity Category- Islamic / Conventional	26-33

Authorized Representative (Name and Signature)

According to your Risk Assessment, you may invest in _____
or
Intend to Invest in _____

Declaration

I have waived the results of my risk assessment and have decided to invest in another CIS which has a risk level higher/lower than what is recommended. I fully understand that I am taking more/lesser risks in exchange for possible higher/stable returns. I expressly agree to assume such risks.

Name of Applicant _____ Signature with date _____

According to your Risk Assessment, you may invest in _____
or
Intend to Invest in _____

Declaration

I have waived the results of my risk assessment and have decided to invest in another CIS which has a risk level higher/lower than what is recommended. I fully understand that I am taking more/lesser risks in exchange for possible higher/stable returns. I expressly agree to assume such risks.

Name of Applicant _____ Signature with date _____