



Habib Asset Management Limited

ACCOUNT OPENING FORM (Individuals and Institutions)

For office Use Only:

Folio No. _____

INFORMATION ABOUT THE PRINCIPAL ACCOUNT HOLDER (PLEASE USE BLOCK LETTERS)

Name: Mr./ Ms./ Mrs./ M/s			Contact Nos. Res/ Off No. _____ Mob No. _____	Date
Father's/ Husband's Name			Zakat Deduction <input type="checkbox"/> Yes <input type="checkbox"/> No	Declaration Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Address			Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
City	Country	Nationality	CNIC/ NTN* No.	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	E-mail	Fax	

FULL DETAILS OF BANK ACCOUNT OF THE PRINCIPAL ACCOUNT HOLDER

Bank Account No.	Bank Name Branch & address
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JOINT HOLDERS (IF ANY)

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

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

INFORMATION ABOUT NOMINEE

Name: Mr./ Ms./ Mrs.	1	2
Father's/ Husband's Name		
Relationship with Holder	Share %	Share %
Address		
CNIC No.		

INVESTOR STATUS

Individual - Business Service Agriculturist Student House Wife Professional Retired

Institution - Bank Partnership Pension/ Gratuity Fund Provident Fund Corporate NGO/ Trust Insurance Company

OTHER INSTRUCTIONS

Statement of Accounts No Quarterly Half Yearly

Physical Units against payment Jumbo 10 100
 Fractional 50 500

Dividend Payment Transfer to my Bank Account Reinvest dividend amount into Units at Ex-dividend repurchase price
 Post Dividend warrants at registered address Encash Bonus Units at ex bonus price & send amount to Bank Account Registered address

I/ We hereby acknowledge having read and understood the relevant Trust Deed and Offering Document that govern this transaction and further acknowledge having understood the risk involved.

Signature of Applicant (with Rubber Stamp in case of Institutional Clients)

FOR OFFICE USE ONLY

FACILITATOR INFORMATION

Name	Facilitator Code.	Remarks / Instructions	Signature
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FOR DISTRIBUTOR

Distributor	Distributor Code.	Form Received On	Transaction No.	Authorised Signature & Stamp
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Remarks:

FOR REGISTRAR USE

Form Received on	Data Input Date	Data & Attachments Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorised Signature & Stamp
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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)* For Institution only