



Habib Asset Management Limited

Regular Income Plan Form

WE DO NOT ACCEPT CASH

For office Use Only:

Sale No. _____

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

Name: _____ Date: _____

Folio Number (if already allotted): _____ CNIC No. : _____

Name of the Fund	Amount in Figures Rs.	Amount in Words	Mode of Payment Demand Draft/Cheque /Pay Order	Bank & Branch Name	Instrument No.
(1)					
(2)					
(3)					

Investment Allocation

Sr. No	Asset Class	Percentage Allocation
1	First Habib Income Fund	_____ % (i.e. 0% to 100%)
2	First Habib Cash Fund	_____ % (i.e. 0% to 100%)

Source(s) of Funds _____ For this particular investment we assume that the KYC filled out by the investor on Account Opening still persists, if not please specify details _____

Regular Income Plan (Systematic Investment option)

Variable Investments Regular/Systematic Investments Rs. _____ (in case of regular investment amount)

Payment Frequency Monthly Quarterly Semiannually Annually Other _____

Payment method Internet / Virtual Banking Post Dated Cheques

Regular Income Plan (Systematic Investment option)

Pay directly to Bank Account Yes No Regular Profit Option Fixed Withdrawal Option Rs. _____ (please mention fixed amount)

Bank Details

Bank Name _____ Account / IBAN Number _____

Branch Name & Address _____ City _____

Declaration and Signatures

I/We declare that I am/we are not minor(s). I/We will not claim repatriation from Pakistan of dividend and sale proceeds of the Unit(s) except as permissible under the rules of State Bank of Pakistan or Ministry of Finance, Government of Pakistan. I/We have read and understood the Offering Document(s) and supplements thereof and have been provided the latest Fund Manager Report (FMR) and Fact Sheet. I/We apply for the Units of the Plan/ Scheme(s) and I/We agree to abide by the terms, conditions, rules and regulations of the Plan/ Scheme (s). I/We confirm to have understood the terms and conditions, investment objectives, strategy, fundamental objectives and risk factor applicable to the respective Fund(s).

COOLING-OFF RIGHT FOR INDIVIDUAL UNIT HOLDERS:

- The unit holders have the right to obtain a refund of their First time investment (Cooling off) in a particular open end mutual fund.
- This right is available to individual unit holder only.
- The cooling off period shall comprise of three business days commencing from the date of issuance of initial Account Statement to the unit holder.
- The cooling off right shall be exercised by the unit holder upon written request (referred to the concerned clause of redemption) to the AMC within the time specified in point # (c).
- The refund of every unit held by the unit holder pursuant to the exercise of a cooling off right should be an amount equal to NAV per unit applicable on the date the cooling off right is exercised which is payable within six business days from the receipt of written request.
- AMC shall refund the Front end load (Sales Load) paid by the unit holder.

I/ We hereby acknowledge having read and understood the relevant Trust Deed and Offering Document that govern this transaction including applicable sales load @ _____% of NAV which will be charged to the investor. I/ We further acknowledge having understood the risk involved as per Trust Deed and Offering Document.

SIGNATURE(S)

(Principal Holder)

(Joint Holder 1)

(Joint Holder 2)

(Joint Holder 3)

(Joint Holder 4)

For Office Use

Distributor's Name _____	Sale No. _____	Date: _____ Form Received
Signature and Stamp : _____	Form Received By: _____	Signature: _____
Code: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FEL Applicable Yes <input type="checkbox"/> No <input type="checkbox"/>	Sales Load _____ %	Form Verified By: _____
		Signature: _____
		Stamp: _____

Client Copy

Distributor's Name _____	Sale No. _____	Date: _____ Form Received
Signature and Stamp : _____	Form Received By: _____	Signature: _____
Code: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FEL Applicable Yes <input type="checkbox"/> No <input type="checkbox"/>	Sales Load _____ %	Form Verified By: _____
		Signature: _____
		Stamp: _____