

Non-Resident Investors Mutual Funds



Instructions

1. This form is for use by applicants who want to open a new investment account with UBL Fund Managers
2. Fill the form in block letters and in legible handwriting to avoid errors in application processing. If any alternation is made, a countersign is mandatory
3. Fill the form yourself or get it filled in your presence Do not sign and/or submit blank forms
4. Please tick in the appropriate box wherever applicable, incase any field is not relevant, please mark 'N/A' (Not Applicable)
5. It is the responsibility of the applicant to carefully read and understand the guidelines and instructions provided in this form and the terms and conditions, especially risk disclosure, disclaimer, warning statement, investment objective in the Offering Document(s) of the relevant Fund(s) prior to submitting the form
6. Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled
7. Applications complete in all respects and carrying necessary documentary attachments should be submitted at the following address: "Operations Department, UBL Fund Managers Limited, 4th floor, STSM Building, Beaumont Road, Civil Lines, Karachi, Pakistan."

Guidelines

1. Payment shall be made in the form of Remittance
2. Payments shall be made in favor of 'CDC Trustee - <Name Of The Fund>'
3. It should be the responsibility of the applicant to pay all charges and taxes in relation to the units purchased by him/her
4. Applications by foreign nationals and nonresident individuals shall be accepted subject to existing laws provided the subscription amount is paid by means of a remittance through banking channels or through means permitted by the State Bank of Pakistan (SBP)
5. Front-end load (charges) will be applicable on investment as per Constitutive Documents of the Fund(s)
6. Exchange Rate Risk will be borne by the Investor

Document Checklist

Before submitting this form, make sure the following documents are attached. If one or more of the documents are missing, your application may be declined or processed with a delay. In case of Zakat Exemption, Zakat Affidavit shall be provided for Principal and all joint Unit Holders. If not submitted, Zakat will be deducted at the time of encashment.

For individuals / Sole Proprietorships

- | | | |
|--|--|---|
| <input type="checkbox"/> Copy of CNIC/NICOP/Passport | <input type="checkbox"/> Business / Employment Proof | <input type="checkbox"/> Zakat Affidavit (in case of exemption) |
| <input type="checkbox"/> W-9 Form (If U.S. Person) | <input type="checkbox"/> W-8 Form (If Non U.S. Account) | <input type="checkbox"/> Copy of swift / transfer slip |
| <input type="checkbox"/> W-8 Form (for joint account holder) | <input type="checkbox"/> W-9 Form (for joint account holder) | |

For Companies/Trust/Statutory Bodies (for first time investors or in case of any amendments in these documents)

- | | |
|---|---|
| <input type="checkbox"/> Memorandum & Articles of Association/Bye Laws/Trust Deed | <input type="checkbox"/> List of Director / Trustee / Partner (with CNIC/NICOP/Passport copy) |
| <input type="checkbox"/> CNIC/NICOP/Passport (s) of the authorized signatory officer(s) | <input type="checkbox"/> Board Resolution authorizing Investment |
| <input type="checkbox"/> W-9 Form (if US Entity) | <input type="checkbox"/> List of Authorized Signatory with Specimen Signature |
| <input type="checkbox"/> Latest Audited Financial Statements | <input type="checkbox"/> Copy of CNIC/NICOP/Passport of Authorized Signatory |

Note: All of the above documents must be valid on date of submission of this form.

For Office Use Only

Distributor _____ Name of Agent _____ Sub-Agent _____
Reference/Agent Code _____ Branch/Location _____ Remarks _____

Influencer / Lead Referral Information

- | | | | |
|--|--------------------------------------|----------------|----------------|
| <input type="checkbox"/> Influencer (INF) | Name of Influencer (INF) _____ | Location _____ | Ref. No. _____ |
| <input type="checkbox"/> Lead Referral Program (LRP) | Name of Lead Referral Provider _____ | Location _____ | Ref. No. _____ |

Date - -
(dd - mm - yy)

- -
Customer ID (For Office Use)

1 Principal Individual Unit Holder or Corporate Details (Mandatory)

Name (Mr/Ms/Mrs)
(Please write in block letters)

Father/Husband's Name
(Please write in block letters)

CNIC/NICOP/ARC No./
POC No./Passport No. - - Date of Birth - -
(dd - mm - yyyy) Gender ☐ Male ☐ Female

Country of Birth Religion Zakat Deduction ☐ Yes ☐ No Occupation ☐ Govt. Service ☐ Pvt. Service
(if No, please submit Zakat Affidavit)

☐ Business / Self Employed ☐ House Wife ☐ Student ☐ Retired

Do you belong to profession: ☐ Lawyer ☐ Notary ☐ Real estate dealer ☐ Foreign exchange dealer Other
(please specify)

Nationality Do you have other Nationalities? (If Yes, please disclose all Nationalities) Nationality 2.

Country of Residence Do you hold U.S. Permanent Resident Card (Green Card)? ☐ Yes ☐ No

Standing instructions to transfer funds to an account maintained in USA ☐ Yes ☐ No Are you registered in the US as a tax payer? ☐ Yes ☐ No

Are you a U.S. Resident ☐ Yes ☐ No

If you have stayed in U.S. for more than 183 days in a U.S. tax year, please submit W9 Form in original

Mailing Address type: ☐ Own ☐ Care-of (Note: In case the address type is care-of, investor's own address is mandatory.)

Own Mailing Address: House # / Flat # Name of Building / Flat / Floor

Block / Street / Mohallah / Area Post Office / Village

Nearest Land Mark Postal code District / Tehsil City

Country E-mail*

Care-of Mailing Address: House # / Flat # Name of Building / Flat / Floor

Block / Street / Mohallah / Area Post Office / Village

Nearest Land Mark Postal code District / Tehsil City

Country

Residence Phone () () Office Phone () () Mobile ()
country code city code country code city code country code operator code

Note: Country and city code information are mandatory.

Guardian Name Relation CNIC/NICOP/Passport Number - -
(If applicant is minor)

In case the applicant is minor, kindly provide FATCA related information of Guardian in the specified form.

For Corporate/Institution/Trust/Other Non-Individual

Entity Name (Messers)

Trade Licence/Registration No.

Status / Category ☐ Commercial Bank ☐ Pension Fund ☐ Insurance Company ☐ Provident Fund ☐ Trust ☐ DFI
☐ NGO ☐ Other ☐ NBF

Contact Person Details

Name

Telephone E-mail

*Disclaimer: Make sure that provided email address is correct, active, and pertinent (i.e email account being operated by you) as the same email address may be used by UBL Funds to contact you to update investment information and VAS (value added services). This email address may also be used to access your investment information and execute transactions including redemption, conversion, and to update profile information etc. UBL Funds will not be held responsible for any potential misuse of the email.

	Name of Fund	Type of Units	Amount	Currency
1.				
2.				
3.				
4.				

Total Investment Amount _____ Currency _____ In Words _____

	Mode of Payment	Remittance No.	Remittance From Bank Account
1.	Remittance		
2.	Remittance		
3.	Remittance		
4.	Remittance		

Note: 1) Please attach copy of remittance advice

2) Units will be issued in registered, non-certificate form and will be confirmed by means of an Account Statement (Physical or E-statement) by the Registrar.

I/We would like to receive the profit payment as per the frequency selected below. I/We understand that the distributable amount may not be fixed and the distributable amount shall be determined by the Management Company at the end of each relevant time period in accordance with the Constitutive Documents of the Fund(s)

	Name of Fund	Non Repatriable Regular Profit Frequency**			
1.		<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi Annually	<input type="checkbox"/> Annually
2.		<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi Annually	<input type="checkbox"/> Annually
	Name of Fund	Repatriable Regular Profit Frequency*			
1.		<input type="checkbox"/> Semi Annually	<input type="checkbox"/> Annually		
2.		<input type="checkbox"/> Semi Annually	<input type="checkbox"/> Annually		

IBAN # _____ Bank name _____ Branch name _____
(For Repatriable Payments Only)

Note: 1)*Repatriable Regular Profit Option is only available through Swift Transfer / Remittance

2) ** Payment will be made in PKR in Pakistan and converted at the applicable conversion rate

Please provide the following details pursuant to the Anti-Money Laundering regulations issued by the Securities and Exchange Commission of Pakistan (SECP).

Education ☐ Under-graduate ☐ Graduate ☐ Post-graduate ☐ Professional ☐ Other _____
(Please Specify)

Marital Status ☐ Single ☐ Married ☐ Other No. of Dependents _____

Approximate Annual Income from _____ Other Income(Rs) _____
Profession(Rs.)

Public Figure / Politically Exposed Person ☐ Yes ☐ No ☐ Local ☐ Foreign (Includes heads of state or of government, senior politicians, senior government / judicial / military officials of grade 21 or above, senior executive of state owned cooperation, important political party official, senior management/member of board of an international organisation) Are you/you're a family members or close associate of any public figure / politically exposed person ☐ Yes ☐ No

Source of Funds (multiple options may be selected) ☐ Salary ☐ Self-owned/ Family Business (please specify) _____

☐ Home Remittance ☐ Inheritance ☐ Stocks/Investments _____
(please specify actual source of savings with documentary evidence)

☐ Housewives (Please mark and specify source of income accordingly) 1 ☐ Inheritance 2 ☐ Gift 3 ☐ Depend on Husband/Son/Brother income 4 ☐ Remittances

☐ Gift (Please provide notarized copy of gift deed) ☐ Sales of Property / Assets (Please provide notarized copy of Sales Agreement/title)

Has any financial institution refused to open your account? ☐ Yes ☐ No

Do you deal in high value item such as Silver, Gold? ☐ Yes ☐ No

Do you have any links to offshore tax haven countries? ☐ Yes ☐ No

Score	1	2	3	4	Select Score
01 Age	Above 60	46-60	30-45	Below 30	_____
02 What is your investment horizon?	Upto 6 months	Upto 1 year	1-3 years	More than 3 years	_____
03 Define your investment knowledge	None	Fresh/Basic	Well-versed	Expert	_____
04 What is your risk appetite?	Lower	Low	Moderate	High	_____
05 How will you define your investment experience by asset classes? You may select multiple options*	Bank Deposits	Money Market/ National Savings	Fixed Income/Debt	Equity/ Forex/ Commodity	_____
06 Investment Objective	Liquidity Management	Regular Income	Medium term capital appreciation	Long term wealth accumulation	_____

*High Score Applicable

Total Score _____

Opt	Score	Risk Tolerance	Recommended Solutions
A	1- 10	Lower	Cash funds, money market funds
B	11-15	Low	Fixed Income funds, capital protection funds/plans with conservative allocations
C	16-20	Moderate	Capital protection funds, Aggressive Income Funds, Asset Allocation/Balanced Funds, Plans with moderate allocations
D	More than 20	High	Equities, commodity, plans with aggressive allocation

Your option / solution based on your score is _____

I hereby declare that I have read, understood and completed this entire profiling questionnaire on my own. I understand that this questionnaire only helps me assess my risk appetite based on the information provided by me and I have the sole right to choose the investment as I deem fit which may not fit my risk profile I am aware that my financial needs may change over time depending on my personal and situation objectives and I shall be solely responsible for all my current and future investment, conversion and transfer transactions if these transactions are not in accordance with my above-mentioned risk profiling results. I also understand that this questionnaire does not constitute, in any manner, advice given by the Company. I will not hold the Company liable or responsible for these transactions in any manner.

Customer Signature _____

I/We have carefully read, understood and agree to abide by all the rules, regulations, terms and conditions given in this form. The details provided by me/us are true, correct and complete to the best of my/our knowledge and belief, and the documents submitted along with this application are genuine. I/We hereby undertake to promptly inform the company of any changes to the information provided in this form. I/We certify that I/We have the power and authority to establish this account and the features and services requested and that the authorizations hereon shall continue until any written notice of a modification or a termination signed by all appropriate parties. I/We hereby accept that the company may at any time in the future require verification before processing any requested transaction in this account; the verification procedures may include recording instructions, requiring certain identifying information before acting upon instructions and sending written confirmations. With respect to the value added services offered by the company, I/We waive and discharge the company fully from any delay due to breakdown or malfunction of such services, beyond reasonable control of the company, and understand that the company may at its absolute discretion, discontinue any of the services completely or partially without any notice to me/us. I acknowledge and accept that UBL Fund Managers Limited reserves the right to close or suspend, without prior notice, my account if required document/information is not submitted within a stipulated time.

I/We have carefully read, understood and accept the terms and conditions given in the relevant Trust Deed(s) and Offering Document(s) of the Fund(s). I/We understand that the company may amend or alter the terms and conditions referred herein and hereafter, from time to time. I/We undertake to access the company website to keep myself/ourselves updated before every operation of this account. I/We understand that the exchange rate risk will be borne by, me/us. I/We warrant that I/We are duly authorized to purchase units. I/We also understand that the payment of Dividends / Redemption process shall be subject to taxation regulation of Pakistan. I/We understand that my/our principal investment in Mutual Funds is not guaranteed or protected UBL Fund Managers. The return and principal may go up or down based on market forces, and that all investments in Mutual Funds are subject to applicable laws, rules, regulatory, price, credit, exchange risk, credit default, events and interest rate risks. I/We hereby confirm that I/We have received the latest Fund Manager Report and/or Fact Sheet as the case may be.

I/We hereby undertake to indemnify UBL Fund Managers, its directors, employees or representatives from any loss that may result through my/our investments in Mutual Funds being managed by UBL Fund Managers.

I confirm that I have understood the details of Sales Load to be deducted including taxes thereon. I/We hereby also acknowledge that I/We have reviewed and understood the Total Expense Ratio, Management Fee, Selling & Marketing expenses, Front-end, Back-end and Contingent Load of the Scheme as disclosed on the UBL Fund Managers website link <https://www.ublfunds.com.pk/individual/resources-tools/fund-performance-tools/latest-fund-prices>

Cooling-off Right:

The unit holders have the right to obtain a refund of their first time investment (cooling-off right) in a particular Collective Investment Scheme. The cooling-off right shall be available to the individual unit holders only. The cooling-off period shall comprise of three business days commencing from the date of issuance of investment report (transaction statement) to the unit holder. The cooling-off right shall be exercised by the unit holder upon written request to the AMC. The investment amount is being refunded at the applicable NAV on the date the cooling-off right is exercised which shall be paid to the unit holder within six business days of receipt of written request from the unit holder. The AMC shall also refund any sales load paid by the unit holder. However, contingent load (Back end load) shall be payable by the unit holder where applicable.

Date - -
(dd - mm - yy)

Principal Unit Holder'(s) Signature
(Stamp incase of institutional clients)

1.

2.

3.

Joint Unit Holder'(s) Signature(s)

I/We hereby acknowledge and declare that the FATCA information provided in this form is correct and true and complete to the best of my/our knowledge and belief. I/We agree to provide supporting evidence and provide updates within 30 days in case any of the aforementioned information changes.

In consideration of UBL Fund Managers Limited maintaining/continuing to maintain my/our accounts with it, I/We expressly and unconditionally authorize UBL Fund Managers Limited 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 any/all of my/our account(s) and/or withholding of tax for the purpose of UBL Fund Managers Limited's compliance with its obligations under the US Foreign Account Tax Compliance Act ("FATCA").

I/We undertake to fully cooperate with UBL Fund Managers Limited to ensure it meets its obligations under FATCA in connection with my/our account(s).

I/We irrevocably confirm and undertake that I/We shall indemnify, defend, and hold harmless UBL Fund Managers Limited, its Directors, Officers, and Employees from any loss, action, cost, expense (including, but not limited to, sums paid in settlement of claims, reasonable attorney and consultant fees, and expert fees), claim, damages, or liability which may be suffered or incurred by UBL Fund Managers Limited in discharging its obligations under FATCA and/or as a result of disclosures to the US tax authorities.

I/We acknowledge and accept that UBL Fund Managers Limited reserves the right to close or suspend, without prior notice, any/all of my/our account(s), if required documentation/information is not submitted within a stipulated time.

Name _____ Signature _____
Principal Unit Holder / Guardian (in case of minor) Principal Unit Holder / Guardian (in case of minor)

Processing Checklist

Processing checklist to be filled by Processor / CRE. Please tick (✓) against checklist item after validating the form.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Customer ID | <input type="checkbox"/> Title | <input type="checkbox"/> Fund Plan / Product Name | <input type="checkbox"/> Amount (in figure and in word) |
| <input type="checkbox"/> Payment Instrumnet (copy / Third party letter slip attach) | <input type="checkbox"/> Signature of investor | <input type="checkbox"/> Time stamp (affixed) | |
| <input type="checkbox"/> Document (as per compliance guidelines) | | | |