

### 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 alteration 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, in case 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 UBL Branches.
8. For assistance in filling this form or information about our products and services please visit or call your nearest UBL branch.

### Guidelines

1. Payment can be made in the form of a cheque, demand draft, pay order or online account transfer
2. Payment shall be made in favor of 'Trustee Name < Fund Name >' (in case of investment in Funds), and in favor of 'Trustee Name UBL Funds' (in case of investment in Plans). Instrument should be crossed 'Account Payee Only'
3. If payment instrument is returned, the unpaid application will be rejected
4. It should be the responsibility of the applicant to pay all charges and taxes in relation to the units purchased by him/her
5. 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)
6. Front-end load (charges) will be applicable on investment as per Constitutive Documents of the Fund(s) / Investment Plan(s)
7. Exchange Rate Risk will be borne by the Investor
8. Transfer of units of investors in the Middle East shall be limited within the borders of a particular country/state with the exception of transfers to the legal heirs/next of kin in case of death of the principal/primary 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

- ☐ Copy of CNIC/NICOP/PASSPORT
 ☐ Business / Employment Proof
 ☐ Zakat Affidavit (in case of exemption)
 ☐ W-9 Form (If U.S. Person)
 ☐ W-8 Form (If Non U.S. Account)

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

- ☐ Memorandum & Articles of Association/Bye Laws/Trust Deed
 ☐ Power of Attorney or other document authorizing the officer(s) signing the application
 ☐ CNIC/NICOP/Passport (s) of the authorized signatory officer(s)
 ☐ Board Resolution authorizing Investment
 ☐ Cheque/Pay-order/Demand Draft/Transfer

Application by foreign nationals and non-resident companies/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.

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

- ☐ Influencer (INF) Name of Influencer (INF) \_\_\_\_\_ Location \_\_\_\_\_ Ref. No. \_\_\_\_\_  
☐ 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

 - 

Gender

☐ Male☐ Female

(dd - mm - yyyy)

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 ☐ NoStanding instructions to transfer funds to an account maintained in USA. ☐ Yes ☐ NoAre you registered in the US as a tax payer? ☐ Yes ☐ NoAre 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 ( ) ( )

country code city code

Office Phone ( ) ( )

country code city code

Mobile ( ) ( )

country code operator code

Note: Country and city code information are mandatory.

Guardian Name  Relation  CNIC 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.

## 2 Joint Unit Holder Details (Optional)

Name (Mr/Ms/Mrs.)	CNIC/NICOP/PASSPORT* No.	Specimen Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

\*(For Non-NICOP Holders & Foreign Nationals)

Please provide copy of CNIC(s), Know Your Customer (KYC) and FATCA Compliance information of Joint Holder(s) in the specified form.

## 3 Account Operating Instructions

Tick (one) as appropriate: ☐ Principal Unit Holder ☐ All Joint Holders ☐ Either or Survivor Other (please specify) \_\_\_\_\_

## 4 Bank

**Bank Account Details (at least one) of Principal Unit Holder (mandatory)**

Bank Account Number \_\_\_\_\_ Bank Account Title \_\_\_\_\_

Bank Name \_\_\_\_\_ Branch Code \_\_\_\_\_ Bank Address \_\_\_\_\_

**Secondary Bank Account Details (Option 1)**

Bank Account Number \_\_\_\_\_ Bank Account Title \_\_\_\_\_

Bank Name \_\_\_\_\_ Branch Code \_\_\_\_\_ Bank Address \_\_\_\_\_

## 5 Nominee Details (Optional)

1. Name (Mr/Ms/Mrs) _____	Relation _____	Allocation% _____
Residential Address _____	CNIC Number _____	_____
2. Name (Mr/Ms/Mrs) _____	Relation _____	Allocation% _____
Residential Address _____	CNIC Number _____	_____
3. Name (Mr/Ms/Mrs) _____	Relation _____	Allocation% _____
Residential Address _____	CNIC Number _____	_____

**Note:** Not applicable for Pension Scheme Participants and/or Accounts having joint operating instructions.

## 6 Value Added Services For Individual Investors (Free of Charge)

**Please tick (✓) the Value added Services you would like to subscribe for:**

☐ E-Statements ☐ UBL Funds Online

☐ UBL Funds Tele-Transact | would like to register at ☐ Residence Phone ☐ Office Phone ☐ Mobile

**Note:** Physical statement of account (SOA) will be dispatched in case email address is not provided. If email address is available, account statement via email will be sent by default.

Please specify the following information if you wish to avail our above value added services:

**Your Security Question** Mother's Maiden Name \_\_\_\_\_ Secret Word \_\_\_\_\_

(This information is required for verification purpose only.) Note: The 'secret word' should comprise of numbers and/or letters. No special characters.

## 7 Dividend Payout Instructions

Would you like to opt dividend re-investment option (after deduction of Tax). ☐ Yes ☐ No

**Note:** UBL Fund Managers reserves the right to distribute, in the form and manner as deem fit, the remaining income after the distribution of the minimum accounting income as per the NBFC and NE Regulations 2008.

	Name of Fund / Plan	Type of Units	Amount	Currency
1				
2				
3				
4				

Total Investment Amount \_\_\_\_\_ Currency \_\_\_\_\_ In words \_\_\_\_\_

	Mode of Payment	Instrument No.	(Drawn on) Bank Name	Branch Name & Code
1	<input type="checkbox"/> Cheque <input type="checkbox"/> Pay Order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Online Transfer			
2	<input type="checkbox"/> Cheque <input type="checkbox"/> Pay Order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Online Transfer			
3	<input type="checkbox"/> Cheque <input type="checkbox"/> Pay Order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Online Transfer			
4	<input type="checkbox"/> Cheque <input type="checkbox"/> Pay Order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Online Transfer			

Note: 1) Permissible Currency: AED for UAE, QR for Qatar and BHD for Bahrain

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.

3) Online Transfer is only available via UBL Bank

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) / Plan(s).

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

I / We would like to receive the profit distribution amount in the form of ☐ Cheque ☐ Pay Order ☐ Demand Draft ☐ Online Transfer

Bank Account Number \_\_\_\_\_ Bank Account Title \_\_\_\_\_

IBAN Number \_\_\_\_\_ Bank Name & Branch / Bank Address \_\_\_\_\_  
(For Repatriable Payments Only)

Note: 1) Online/Swift Transfer is only available Via UBL Bank.

2) \*Repatriable Regular Profit Option is only available through Swift Transfer Via UBL Bank

4) \*\* Payment will be made in PKR in Pakistan.

3) Regular Profit Option is currently offered with UBL Money Market Fund (UMMF) formally UBL Savings Income Fund (USIF) and Al Ameen Islamic Sovereign Fund (AISF) only.

I / We would like to start a 'Systematic Investment Plan (SIP)' as per the instructions given below.

	Name of Fund / Plan	Frequency of Payment	Start Date (dd-mm-yy)	End Date (dd-mm-yy)	Contribution Amount	Currency
1		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annually <input type="checkbox"/> Annually	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>		
2		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annually <input type="checkbox"/> Annually	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>		
3		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annually <input type="checkbox"/> Annually	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>		
4		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annually <input type="checkbox"/> Annually	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>		

Debit Authority (tick one) ☐ Standing Instructions to the Bank to debit contribution amount from bank account and credit in favor of Fund(s) / Plan(s)

☐ Standing Instructions to the Employer to debit contribution amount from salary and credit in favor of Fund(s) / Plan(s)

Note: Account Transfer Online facility is only available through UBL branches.

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 Profession (Rs.) \_\_\_\_\_ Other Income (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 \_\_\_\_\_

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.

☐ Yes

☐ No

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 have clearly understood that the relevant Authority approval on the promotion of the Fund inside the State does not mean a recommendation to purchase or invest in the fund, and that the relevant Authority shall not be responsible for any default by any of the parties concerned in the fund in performing its duties and tasks, or for the accuracy and safety of details provided in the subscription bulletin.

I/We understand that my/our principal investment in Mutual Funds is not guaranteed or protected by UBL Bank and all its local/international branches\* or 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 confirm that I/We understand that UBL Bank and all its local/international branches\* are only acting as an agent / distributor for UBL Fund Managers and assumes no responsibility in the event my/our principal investment reduces or increases in value.

I/We hereby undertake to indemnify UBL Bank and all its local/international branches\* and UBL Fund Managers, its directors, employees or representatives from any loss that may result through my/our investments in Mutual Funds being offered by UBL Bank and all its local/international branches\* and 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/>

#### الإقرار والإفصاحات

قرأت أنا بعناية وفهمت ووافقت/ قرأنا نحن بعناية وفهمنا ووافقنا على الالتزام بكافة القواعد واللوائح التنظيمية والأحكام والشروط الواردة في هذا النموذج. وتعد البيانات التي قدمتها/قدمناها حقيقية وصحيحة وكاملة على حد علمي واعتقادي/ علمنا واعتقدنا كما أن المستندات المقدمة مع هذا الطلب أصلية. وإني أتعهد/إننا نتعهد بموجبه بإبلاغ الشركة فوراً بأي تغييرات تطرأ على المعلومات المقدمة في هذا النموذج. كما أنني أشهد إننا نشهد بأنني أتمتع/ إننا نتمتع بالصلاحيات والسلطة لإنشاء هذا الحساب والسماح والخدمات المطلوبة وأن التوقيضات المقررة بموجب هذا المستند تبقى سارية حتى صدور أي إشعار خطي بالتعديل أو الإنهاء موقعا من كافة الأطراف المعنية. وإني أوافق/ إننا نوافق بموجبه على أنه يجوز للشركة في أي وقت في المستقبل أن تطلب بالتحقق من البيانات قبل معالجة أي معاملة مطلوبة في هذا الحساب ويجوز أن تتضمن إجراءات التحقق تعليمات بالتسجيل مما يستلزم تقديم معلومات معينة بشأن تحديد الهوية قبل التصرف بناء على التعليمات ومما يستلزم أيضاً إرسال تأكيدات خطية. وفيما يتعلق بخدمات القيمة المضافة التي تقدمها الشركة، فإنني أتنازل وأبرئ ذمة الشركة/ إننا نتنازل وأبرئ ذمة الشركة على نحو تام من أي تأخير يحدث جراء تعطل تلك الخدمات أو توقفها على نحو خارج عن السيطرة المعقولة للشركة وأوافق/ نوافق على أن الشركة - حسب ما يتراءى لها على نحو مطلق - يجوز أن توقف أي من الخدمات على نحو كلي أو جزئي دون تقديم أي إخطار إلينا/ إلينا. كما أنني أقر وأوافق على أن تحتفظ يو بي إل فند مانيجرز ليمتد بالحق في أن تغلق أو توقف حسابي دون إشعار مسبق، إذا لم أقدم المستندات/المعلومات المطلوبة في غضون الوقت المقرر.

وقد قرأت بعناية وفهمت وقبلت/ قرأنا نحن بعناية وفهمنا وقبلنا الأحكام والشروط المنصوص عليها في سند (سندات) الرهن الائتماني ومستند (مستندات) الاكتتاب. كما أنني أعلم/ نعلم أن الشركة يجوز لها أن تعدل أو تغير من وقت لآخر - الأحكام والشروط المشار إليها في هذا المستند أو فيما بعد هذا المستند. وإني أتعهد/ إننا نتعهد بالدخول على الموقع الإلكتروني للشركة للاطلاع على أحدث المستندات قبل كل عملية على هذا الحساب كما أنني أوافق/ إننا نوافق على تحمل مخاطر أسعار الصرف. وقد علمت/ علمنا بوضوح أن موافقة السلطة المعنية على ترقية الصندوق داخل الدولة لا يُقصد بها التوصية بشراء الصندوق أو الاستثمار فيه وأن السلطة المعنية ليست مسؤولة عن أي تفسير يبيده أي من الأطراف المعنية في الصندوق عند أداء واجباته ومهامه أو فيما يتعلق بدقة البيانات المقدمة في نشرة الاكتتاب وسلامتها.

استثمارنا الأصلي في صناديق الاستثمار المشترك لا يضمنه أو يحميه يوناييتد بنك ليمتد وجميع فروعه المحلية/ الدولية أو يو بي إل فند مانيجرز. وقد يرتفع أو ينخفض العائد / كما أنني أعلم/ إننا نعلم أن استثماري والاستثمار الأصلي بناءً على قوى السوق، كما أن جميع الاستثمارات في صناديق الاستثمار المشترك تخضع للقوانين والقواعد وأسعار الجهات الرقابية والائتمان ومخاطر الصرف وأحداث التغير الائتماني ومخاطر أسعار الفائدة المعمول بها. وإني أؤكد/ إننا نؤكد بموجبه على أنني أعلم/إننا نعلم أن يوناييتد بنك ليمتد وجميع فروعه المحلية/ الدولية لا يتصرفون سوى بصفتهم وكيلًا / موزعاً لدى يو بي إل فند مانيجرز ولا يتحملون أي مسؤولية في حال انخفاض قيمة استثماري/ استثمارنا الأصلي أو ارتفاعها.

وإني أتعهد/ إننا نتعهد بموجبه بتعويض يوناييتد بنك ليمتد وجميع فروعه المحلية/ الدولية و يو بي إل فند مانيجرز ومديره وموظفيها وممثليها عن أي خسارة قد تقع بسبب استثماراتي/ استثماراتي في صناديق الاستثمار المشترك التي يطرحها يوناييتد بنك ليمتد وجميع فروعه المحلية/ الدولية والتي تديرها يو بي إل فند مانيجرز.

وإني أؤكد على أنني قد علمت بتفاصيل رسوم المبيعات التي من المزمع اقتطاعها بما في ذلك الضرائب المفروضة عليها كما أنني أقر/ إننا نقر بموجبه أنني قد استعرضت ووافقت/ إننا قد استعرضنا ووافقنا على إجمالي نسبة المصروفات ورسوم الإدارة ومصروفات البيع والتسويق والرسوم الابتدائية للبرنامج وعمولة الخروج منه ورسوم الطوارئ لديه، كما هي مفصّل عنها على رابط الموقع الإلكتروني لشركة يو بي إل فند مانيجرز <https://www.ublfunds.com.pk/individual/resources-tools/fund-performance-tools/latest-fund-prices/>

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 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.

(قانون الامتثال الضريبي، للحسابات الأجنبية) (فاتكا)

أقر أنا/نحن نقر بموجب أن معلومات قانون فاتكا المبينة في هذا النموذج صحيحة وحقيقية وكاملة على حد علمي واعتقادي/علما واعتقادنا. وإنني أوافق/إننا نوافق على تقديم الأدلة الثبوتية والتحديثات في (( غرضون ثلاثين 30 يوماً، في حال أن تغير أي من المعلومات سالفة الذكر

وفي مقابل الحفاظ على بي إل فند مانيجرز ليمتد على حسابي/حساباتنا واستمرارها في الحفاظ عليه/عليها، فإنني أفوض/إننا نفوض صراحةً وعلى نحو غير مشروط يو بي إل فند مانيجرز ليمتد بالإفصاح عن الحساب ذي الصلة أو المعلومات الشخصية، أو كليهما معاً، للغير، بما في ذلك الدوائر الضريبية الأمريكية، فضلاً عن اتخاذ الإجراء الضروري، بما في ذلك إيقاف السحب من أي من حساباتي/حساباتنا أو جميعها، أو كلا الأمرين معاً، أو إقطاع الضريبة من المنبع، أو كلا الأمرين معاً، لأغراض امتثال يو بي إل فند مانيجرز ليمتد للالتزامات المقررة بموجب قانون الامتثال الضريبي للحسابات الأجنبية في ((الولايات المتحدة ("فاتكا

وإنني أتعهد/إننا نتعهد بالتعاون على نحو تام مع يو بي إل فند مانيجرز ليمتد لضمان وفائها بالالتزامات المقررة بموجب قانون فاتكا فيما يتعلق بحساباتي/حساباتنا

كما أنني أؤكد وأتعهد/إننا نؤكد ونتعهد على نحو لا رجعة فيه بأن أعرض وأدفع وأدفع الضرر/نعرض وندافع وندفع الضرر عن يو بي إل فند مانيجرز ليمتد ومديرها ومسؤوليها وموظفيها فيما يتعلق بأي خسارة أو دعوى أو تكلفة أو مصروفات (بما في ذلك دون الحصر المبالغ المدفوعة لتسوية المطالبات وأتعاب المحاماة والاستشارات المعقولة وأمانة الخبرة) أو أي مطالبة أو تعويضات أو التزامات مما قد تتحملها أو تنكبهه يو بي إل فند مانيجرز ليمتد عند الوفاء بالالتزامات المقررة بموجب قانون فاتكا أو نتيجة أعمال الإفصاح للدوائر الضريبية الأمريكية

وإنني أقر وأوافق/إننا نقر ونوافق على أن تحتفظ يو بي إل فند مانيجرز ليمتد بالحق في أن تغلق أو توقف دون إشعار مسبق أي من حساباتي/حساباتنا أو جميعها أو كلا الأمرين معاً إذا لم أقدم الوثائق/المعلومات المطلوبة في غضون الوقت المقرر

Name \_\_\_\_\_  
Principal Unit Holder / Guardian (in case of minor)

Signature \_\_\_\_\_  
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.

- ☐ Customer ID     
 ☐ Title     
 ☐ Fund Plan / Product Name     
 ☐ Amount (in figuer and in word)

☐ Payment Instrumnet (copy / Third party letter slip attach)     
 ☐ Signature of investor     
 ☐ Time stamp (affixed)

☐ Document (as per compliance guidelines)