

Account Opening Form For Middle East Clients For Individual (For Mutual Funds)

Date _____

$$\square\square - \square\square - \square\square\square\square$$



Customer ID ID

[illegible]

(For Office Use)

TS2 #

[illegible]

For assistance in filling out this form, speak with our Customer Care executive at +9221-35622781 for UBL Funds & or email at customer care@ublfunds.com.

You can submit the form to your nearest UBL Fund Managers Investment Center, designated UBL Branches or authorized distributor outlets. You can also courier the form to: UBL Fund Managers - Operations Office, 4th Floor, STSM Building, Beaumont Road, Civil Lines, Karachi, Pakistan.

General Instructions & Guidelines /

1) Fill the form in block letters and in legible handwriting to avoid errors in application processing. 2) Fill the form by yourself or get it filled in your presence. Do not sign and / or submit blank form. 3) If any alteration is made, a countersign is mandatory. 4) Application incomplete in any respect and / or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled. 5) Payment shall be made in the form of Remittance b. It should be the responsibility of the applicant to pay all charges and taxes in relation to the units purchased by him/her 6) Applications by foreign nationals and nonresident individuals shall be accepted subject to existing laws provided that the subscription amount is paid by means of a remittance through banking channels or through means permitted by the State Bank of Pakistan (SBP) 7) Front-end load (charges) will be applicable on investment as per Constitutive Documents of the Fund(s) 8) 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

- ☐ 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)
- ☐ Copy of swift / transfer slip
- ☐ W-9 Form (for joint account holder)
- ☐ W-8 form for joint account holder
- ☐ CNIC/NICOP/Passport (s) of the authorized signatory officer(s)
- ☐ List of Authorized Signatory with Specimen Signature
- ☐ Copy of CNIC/NICOP/Passport of Authorized Signatory
- ☐ W-8 form (If non U.S. Account)
- ☐ Latest Audited Financial Statements

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

1) Principal Unit Holder Details (Mandatory)

Mr. Ms. Mrs.

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(Please write name as per identity document in block letters)

Father Husband

O O

(Please write name as per identity document in block letters)

CNIC No NICOP No ARC No POC No Passport No



CNIC/ID/ Passport issuance Date - / (dd-mm-yy) /

CNIC/ID/ Passport Expiry Date - - (dd-mm-yy) /

Gender ☐ Male ☐ Female

Date of Birth

- -

Country of Birth

[illegible]

Religion

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Zakat Deduction

☐ Yes ☐ No (In case of No, please submit zakat Affidavit)

Nationality

[illegible]

Do you have Other Nationalities?(If Yes Please Disclose all Nationalities)

Nationality 2

[illegible]

Country of Residence

□ □ □ □ □ □ □ □ □ □

Are you registered in the US as a tax payer? ☐ Yes ☐ No

1.	Name (Mr. <input type="radio"/> Ms. <input type="radio"/> Mrs. <input type="radio"/>)	
	Father/Husband Name	
	CNIC No	NICOP No ARC No POC No Passport No
	CNIC/ID/ Passport issuance Date	(dd-mm-yy) Date of Birth
	CNIC/ID/ Passport Expiry Date	(dd-mm-yy) Signature _____

2.	Name (Mr. <input type="radio"/> Ms. <input type="radio"/> Mrs. <input type="radio"/>)	
	Father/Husband Name	
	CNIC No	NICOP No ARC No POC No Passport No
	CNIC/ID/ Passport issuance Date	(dd-mm-yy) Date of Birth
	CNIC/ID/ Passport Expiry Date	(dd-mm-yy) Signature _____

3.	Name (Mr. <input type="radio"/> Ms. <input type="radio"/> Mrs. <input type="radio"/>)	
	Father/Husband Name	
	CNIC No	NICOP No ARC No POC No Passport No
	CNIC/ID/ Passport issuance Date	(dd-mm-yy) Date of Birth
	CNIC/ID/ Passport Expiry Date	(dd-mm-yy) Signature _____

Tick (✓) any one option ☐ Principal Unit Holder ☐ All Joint Holders ☐ Either or Survivor ☐ Other

Bank Account Details (atleast one) of Principal Unit Holder Mandatory) /

[illegible]

Please provide the following details pursuant to Anti-Money Laundering & CFT Regulations, 2020 issued by the Securities & Exchange Commission of Pakistan

Profession:

- ☐ Service/Salaried
 ☐ Self-employed
 ☐ Retired
 ☐ House wife
 ☐ Student
☐ Other: _____
 ☐ Relationship with person on whom dependent upon

Note: In case of Housewife, Student and Others, if dependent on any other person, then kindly fill relevant information for that person.

Source(s) of Investments (the principal unit holder or on whom dependent upon)

(select atleast one / more than one if applicable)

- ☐ Salary
 ☐ Business Income
 ☐ Foreign Remittance(s)
 ☐ Stocks / Investments / liquid asset as per tax return
☐ Gift
 ☐ Inheritance
 ☐ Sale of property
 ☐ Agriculture
 ☐ Other _____

Approximate annual income: Rs. _____

For Sole Proprietor(s) / Business Income Investors (Principal unit holder or On whom dependent upon)

Geographies Involved

- ☐ Domestic
 ☐ Ex - FATA
 ☐ International (mention countries)
 i. _____ ii. _____

Type of counterparties dealing with

- ☐ Individual
 ☐ NPO/Trust
 ☐ Business
 Other _____

Expected Annual Investment (Maximum): Rs. _____

Your majority of transactions will be carried out through ☐ Physical ☐ Online

Your expected No. of monthly investment transactions: ☐ 0 - 5 ☐ 6 - 10 ☐ 11 - 15 ☐ More than 15

Your expected No. of monthly redemption transactions: ☐ 0 - 5 ☐ 6 - 10 ☐ 11 - 15 ☐ More than 15

Your purpose of investment: ☐ Growth ☐ Savings ☐ Regular Income ☐ Cash Management

Do you Belong to these professions ☐ Lawyer ☐ Notary public ☐ Real Estate Dealer ☐ Foreign exchange dealer
☐ Tax advisor/Accountant ☐ Gem & Jewellery Dealers

Are you a politically exposed person

☐ Yes ☐ No

(Includes Heads of State or of government, senior politicians, senior government/judicial/military officials of Grade 21 or above, Senior executive of state owned corporations, important political party officials, Senior management/member of board of an international organization).

Are you a family member or close associate of any Politically exposed person?

☐ Yes ☐ No

Please mark if yes to any of above two questions.

☐ Local ☐ Foreign

Has any financial institution refused to open your account?

☐ Yes ☐ No

Do you have any links to offshore tax haven countries?

☐ Yes ☐ No

Tick the appropriate Box (select one per question)

I. It is likely that I will withdraw my investment

- a Within one year
- b Between 1 to 2 years
- c Between 2 to 5 years
- d Not before 5 years

8
12
16
20

II. Experience of Investing

- a I have no experience of investing in capital markets, stocks and bonds
- b I have experience of investing in capital markets, stocks and bonds

4
8

III. To seek high retruns I can take:

- a Very Low risk
- b Low risk
- c Moderate risk
- d Medium risk
- e High risk

20
40
60
80
100

IV. The investment amount is:

- a A substantial part of my investable income
- b A significant part of my investable income
- c An insignificant part of my investable income

8
12
16

Total Score (I + II + III + IV)

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Score	Category of CIS/Plan	Risk Profile	Risk of Principle Erosion
>= 61 the risk is	Money Market Funds with no exposure in Corporate Commercial Papers	Very Low	Principal at Very Low Risk
> 61 but <= 83 the risk is	Money Market Funds with exposure in Corporate Commercial Papers, Capital Protected Funds(non-equity), Income funds with investments/placements in 'AA' or above rated banks/DFIs, investments in Govt. Securities or Govt. backed Sukuks. Weighted average duration of portfolio of securities shall not exceed six (6) months	Low	Principal at Low Risk
>83 but <= 105 the risk is	Income Funds with investment in 'A' & above rated Banks, 'AA' rated Corporate debt securities, MTS and spread transacions. Weighted average duration of portfolio of securities shall not exceed two (2) years	Moderate	Principal at Moderate Risk
> 105 but <= 127 the risk is	CPPI strategy Based Funds, Income Funds (where investment is made in fixed rate instruments or below 'A' rated Banks or corporate sukuks or bonds, spread transactions, Asset Allocation and Balanced Funds (with equity exposure up to 50% mandate)	Medium	Principal at Medium Risk
>127 the risk is	Equity Funds, Asset Allocation (with 0 - 100% Equity exposure mandate) and Balanced Funds (with 30 - 70% Equity exposure High Principal at high risk mandate), Commodity Funds, Index Trakker Funds and Sector Specific Equity related Funds	High	Principal at High Risk

Disclaimer: I/we hereby declare that I have read understand and completed this entire risk profiling assessment questionnaire on my own. I understand that this questionnaire only help me in assessing my / our risk appetite based on the information provided by me and I have the sole right & discretion to choose the investment scheme/plan as I / we deem fit which may be different as compared to my / our risk profile. I am aware that my financial needs may change over the time depending on my / our personal situation and objectives.

دستبرداری: میں/ہم اس فارم کے ذریعہ اعلان کرتا ہوں کہ میں نے اس رسک پروفائل کی تشخیص کے سوالنامے کو خود ہی پڑھا، سمجھا اور اسے مکمل کیا ہے۔ میں سمجھتا ہوں کہ یہ سوالنامہ صرف میری طرف سے فراہم کردہ معلومات کی بنیاد پر خطر است کی نوعیت کا اندازہ کرنے میں مدد کرتا ہے اور اس میں سرمایہ کاری اسکیم / پلان کا انتخاب کرنے کا مطلق حق میرے / ہمارے پاس ہے جیسا بھی مجھے / ہمیں مناسب لگے، اگرچہ یہ میرے / ہمارے رسک پروفائل کے مقابلے میں مختلف ہو سکتا ہے۔ میں/ہم اس بات سے باخبر ہوں کہ میری / ہماری ذاتی صورتحال اور مقصد کے لحاظ سے وقت کے ساتھ ساتھ میری / ہماری مالی ضروریات تبدیل ہو سکتی ہیں۔

Signature: Principal Unit Holder

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Fund Category and Risk Profile

Category	Fund Name / CIS	Investment Amount	Front End Load (One time cost*)
Money Market <i>Risk Profile: Low</i> <i>Risk of Principal Erosion: Low risk</i>	UBL Money Market Fund	_____	_____ %
Shariah Complaint Income <i>Risk Profile: Medium</i> <i>Risk of Principal Erosion: Medium Risk</i>	Al-Ameen Islamic Sovereign Fund	_____	_____ %
Shariah Compliant Asset Allocation <i>Risk Profile: Medium</i> <i>Risk of Principal Erosion: Medium risk</i>	Al-Ameen Islamic Asset Allocation Fund	_____	_____ %
Shariah Complaint Equity <i>Risk Profile: High</i> <i>Risk of Principal Erosion: High Risk</i>	Al-Ameen Shariah Stock Fund	_____	_____ %

*Excluding Taxes.

Risk Disclaimers: I/We have understood in detail with the help of the company representative of UBL Fund Managers Limited the risks involved in my investment. I have understood the details of sales load and have reviewed the Total Expense ratio including management fee and selling & marketing expenses as disclosed in the Fund Manager Report/Term Sheet and as disclosed on the UBL Fund Managers website under latest fund prices section. I/We have carefully read, understood and accepted the terms and conditions given in the relevant Trust Deed(s) and Offering Document(s) of the Funds/Plan(s). I/We understand that investments in mutual funds and pension funds are subject to market risks and fund prices may go up or down based market conditions. I/We understand that past performance is not necessarily an indicator of future results and there is no fixed or guaranteed return.

Signature: Principal Unit Holder

1. Mode of Payment	<input type="radio"/> Cheque	<input type="radio"/> Online Transfer	<input type="radio"/> Cashier Cheque/Pay Order
Remittance Number	Remittance from bank account	Branch Code	
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Branch Name			
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2. Mode of Payment	<input type="radio"/> Cheque	<input type="radio"/> Online Transfer	<input type="radio"/> Cashier Cheque/Pay Order
Remittance Number	Remittance from bank account	Branch Code	
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Branch Name			
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*Amount should matched with selected fund(s) amount

Note: Payment can be made in the form of a cheque, Cashier Cheque / Pay Order (counterfoil also required) online account transfer. Payment shall be made in favor of "CDC Trustee UBL Funds" on in favor of CDC Trustee <Fund Name>, (Please mention Pre-IPO with fund name if investment being made during Pre-IPO period of fund).

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 only. The cooling-off right shall be exercised by the unit holder upon written request to the AMC. The investment amount will be 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 writer 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.

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

☐ E-Statements ☐ UBL Funds Online ☐ UBL Funds Tele - Transact ☐ UBL Funds Mobile - 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.

Please tick in relevant box:

	Account Statement	Fund Managers' Report (Monthly)	Financial Statement
I want to receive following documents on E-mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to receive correspondence through mail	<input type="checkbox"/>		
I do not want to receive any correspondence through mail	<input type="checkbox"/>		

Your Security Questions

Mother's Maiden name (This information is required for verification purpose only)

Secret Word

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Note: The secret word should comprise of number and / or letters. No special characters.

Would you like to opt for the dividend re-investment option (after deduction of tax)

☐ Yes ☐ No (where applicable)

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

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 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

I/We hereby declare that the information provided to in this form is true and correct and that I/We are authorized to conduct transaction in this account. I/We certify that the options selected 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 confirm that I/we have received and read the latest Fund Manager Report and/or Fact Sheet as the case may be. I/We authorized UBL Fund Managers to disclose relevant account information to third parties for performance of their duties or enhancement of services. I/We understood that the company may amend or alter the terms and conditions referred herein and hereafter, from time to time. I/We understand to access the company website to keep myself/ourselves updated before every operation of this account. I/We declare that the amount so invested is legitimate and not generated from money laundering activities.

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 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 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

Signature: Principal Unit holder

Joint Account Holder

Joint Account Holder

Joint Account Holder

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.

Signature: _____

Principal Unit holder / Guardian (Incase of minor)

Joint Account Holder

Joint Account Holder

Joint Account Holder

Name

Principal Unit holder / Guardian (Incase of minor)

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Undertaking (by the Sales agent / Supervisor)

I, _____, hereby confirm the following:

1. I have explained the risk of the Fund/Plan being subscribed by the investor

2. I have explained that the principal is at risk (in case of high risk funds) and the investor can lose money.

3. I have not made or implied any guarantee with respect to return/profit or the Principal investment amount.

4. I have not quoted any fixed return/profit percentage or amount to the investor.

5. I have explained the Risk Profiling Questionnaire to the Investor.

6. I have explained to the Investor about the Sales Load (if any) of the Scheme/Plan in which the investor is investing.

Signature

Name of Sales Agent: _____
(ICM qualified only)

Date: _____

Signature

Name of Supervisor: _____
(To sign only in case of non-ICM qualified Sales agent)

Date: _____

16

For Office Use Only صرف دفتری استعمال کے لیے

Distributor ڈسٹری بیوٹر

Name of agent ایجنٹ کا نام

Sub agent ذیلی ایجنٹ

Reference agent Code ایجنٹ کوڈ کا حوالہ

IC Location IC لوکیشن

Remarks ریمارکس

Eligibility اہلیت

ID

CRM Leads CRM لیڈز

17

Lead Referral Information لیڈرینفرل انفارمیشن

Lead Referral Program (LRP) لیڈرینفرل پروگرام (LRP)

Name of Leads referral provider لیڈرینفرل مہیا کرنے والے کا نام

Location لوکیشن

Ref. No حوالہ نمبر

Individual Tax Residency Self-Certification Form

CRS-I

Please complete Parts 1– 3 in BLOCK CAPITALS. Fields marked with a * are mandatory.

Note: Fill and complete Part 2 only if Tax Residency is other than USA & Pakistan otherwise mark "Not Applicable (N/A)".

Part 1

A. Name of Account Holder:*

Family Name or Surname(s)

First or Given name(s) Middle Name (s)

B. Current Residence Address:*

Line 1 (Name, Number, Street)

Line 2 (Town ☐ / City ☐ / Province ☐ / County ☐ / State ☐)

Country Postal Code / Zip Code

C. Place of birth*

Town or City of Birth* Country of Birth*

Part 2

Please provide in the table below information about Account Holders country of tax residence. If the Account Holder is a tax resident in more than three countries/jurisdictions please use a separate sheet.

(Mandatory only if country of tax residence is other than Pakistan & USA otherwise mark "Not Applicable (N/A)".)

	(i) Country where tax is paid (Tax Residency)	(ii) NTN/TIN or any form of tax identification number	(iii) If NTN/TIN or any form of tax identification number is not available enter Reason A, B, or C
1.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C
2.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C
3.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C

If a TIN is unavailable please provide the appropriate reason A, B or C:

Reason A The country where the Account Holder is liable to pay tax does not issue TINs /NTN to its residents

Reason B The Account Holder is unable to obtain a NTN/TIN or equivalent number.

Reason C No TIN/NTN is required. (Note. Only select this reason if the authorities of the country of tax residence entered below do not require the NTN/TIN to be disclosed)

Please explain in the following boxes why you are unable to obtain a TIN if you selected **Reason B** above.

1.

2.

3.

Part 3

Declarations and Signature*

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with UBL Fund Managers and its Funds under management setting out how UBL Fund Managers and its Funds under management may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder (or am authorized to sign for the Account Holder) of all the account(s) to which this form relates.

I declare that I have neither asked for, nor received, any advice from UBL Fund Managers and its Funds under management in determining my classification as a Reportable Person or otherwise.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise UBL Fund Managers within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide UBL Fund Managers with a suitably updated self-certification and Declaration with 90 days of such change in

Capacity*

Signature*

Print Name*

Date*

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Note: If you are not the account holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney