

For assistance in filling out this form, Please call at 0800-26336 or sms HELP to 8258.

General Instructions & Guidelines			
1) Fill the form in block letters and in legible handwriting to avoid errors in application processing. 2) Fill the form yourself or get it filled in your presence. Do not sign and/or submit blank forms. 3) If any alteration is made, a countersign is mandatory. 4) Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled. 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 in the Offering Document(s) of the the relevant schemes prior to submitting the form. 6) Please obtain acknowledgement receipt against your payment. Application will be processed as per cut-off timings for the Fund(s) / Plan(s). For cut-off timings sms CT to 8258.			
1 Principal Unit Holder Information (Mandatory)			
Customer ID		CNIC Number	
Principal Unit Holder's Name (Please write in block letters)			
2 Joint Unit Holder Information (If Applicable)			
1. Name 2. Name			
3 Transcation Type - Additional Investment			
Name of Scheme	Type of Units Amount (R	s.) U	nits Mode of Holding
1		A/c Statement	
2		A/c Statement	
1. Investment amount (Rs.) in words			
2. Investment amount (Rs.) in words			
Incase of CDC holding, please provide: Participan Note: Incase you opt for 'physical certificates' as the units m	ode of holding Rs 25/- per certificate will h	Client/House/Investor A/c	:#] [
Mode of Payment	Instrument No.	(Drawn on) Bank Name	Branch Name & Code
100 Section 100 Se		(Drawn on) Bank Name	branci Maine a code
Guidelines & Instructions 1) Cash will be not accepted. 2) Payment can be made in the form of a cheque, demand draft, pay order or online account transfer. 3) In case of investment in Fund(s), payment can be made in favor of 'CDC Trustee Al Ameen Funds' or in favor of 'CDC Trustee Al Ameen Funds'.			
Instrument should be crossed 'Account Payee Only: 4) If payment instrument is returned, the unpaid application will be rejected. 5) 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 non-resident 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). 7) Front-end load (charges) will be applicable on investment as per Constitutive Documents of the Fund(s) /			
Investment Plan(s). 8) If you are opting for physical certificates, and wish to specify the number of units/denominations for the certificates, please provide a separate sheet/request mentioning your requirements.			
4 Source of Funds (Mandatory)			
Source of Funds (Multiple options may be selected) Salary Self-owned / Family Business (Please specify)			
Home Remittance Stocks/ Investments Other (please specify)			
5 Cooling off Right			
5 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.			
6 Declaration & Signature(s)			
I/We hereby acknowledge having read and understood the Supplementary Offering Document(s) of the Plan(s), the Trust Deed(s) and Offering Document(s) of the Fund(s)/Plan(s) and hereby apply for transaction(s)			
as indicated in this form. 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 agree to abide by the terms, conditions, rules, and regulations applicable on the Fund(s) and Plan(s). I/We understand that investments in mutual 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. I/We declare that the amount so invested is legitimate and not generated from money laundering activities			
performance is not necessarily an indicator or future results and there is no I confirm that I have understood the details of Sales Load to be deducted it & Marketing expenses, Front-end, Back-end and Contingent Load percent	ncluding taxes I/We hereby also acknowledge that	at I/We have reviewed and understood to	he Total Expense Ratio, Management Fee, Selling
fund-performance-tools/latest-fund-prices/			
Date - -	1.	2.	3.
(dd - mm - yy) Principal Unit	Holder's Signature	Joint Unit Holder	r'(s) Signature(s)
For Office Use Only			
Distributor Name of Agent Sub-Agent			
Reference/Agent No IC/Location Remarks			
CRM Lead			
Processing Checklist			
Processing checklist to be filled by Processor / CRE. Please tick (✓) against checklist item after validating the form.			
Customer ID Title	Fund Plan / Produ		Amount (in figure and in word)
TS2 Number Time stamp (affixe	d) CMT slip / CMT N	Jumber	Signature of investor