

Correspondence Address:

Office phone: - -

Fax number: - -

Company website:

Primary contact person name:

Designation:

Phone: - -

Mobile: - -

Email:

Alternate contact person name:

Designation:

Phone: - -

Mobile: - -

Email:

Correspondence to be send to ☐ as above If different please specify

2) Bank Account Details

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

Bank Account number / IBAN:

Bank Account Title:

Bank Name: Branch Code:

Bank Address:

3) Bank Account Details

Tick one as appropriate: ☐ Single Signatory ☐ Joint holders (any two) ☐ All authorized signatories

Other (please specify)

4) Dividend payout instruction

Tick one as appropriate: ☐ Reinvest in the Fund(s) / Plan(s) ☐ Distribute in the form of cash

Note: If no option is selected, any dividends declared will be reinvested in the fund(s) / Plans(s) .

5) Units Mode of Holding

I/We would like to confirm Units Mode of hold as per option selected below tick anyone

☐ Account Statement

Unit 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.

☐ Physical certificates

Unit will be issued in certificate form on payment of Rs./25 per certificate payment for issuing certificate(s) may be combined with the payment of investment in the particular fund(s). Unless specified a minimum number of certificate will be issued certificate(s) will only be issued for whole number of unit(s) not including any fractional unit(s), if any

Note: If no option is selected, 'Account statement' unit mode of holding will be considered. For investment plans Account statement will be the default units mode of holdings. Whichever option is selected There are procedures laid down in each case of redemption / encasement, conversion and transfer of funds / plans.

6) Fund Category & Risk

Category	Fund Name / CIS	Investment Amount	Front End Load (One time cost)***
Money Market <i>Risk Profile: Very Low</i> <i>Risk of Principal Erosion: Very low risk</i>	UBL Liquidity Plus Fund UBL Liquidٹیٹ پلس فنڈ UBL Cash Fund* UBL کیش فنڈ	Rs: _____ روپے	_____ % فیصد
Money Market <i>Risk Profile: Low</i> <i>Risk of Principal Erosion: low risk</i>	UBL Money Market Fund UBL منی مارکیٹ فنڈ	Rs: _____ روپے	_____ % فیصد
Shariah Compliant Money Market <i>Risk Profile: Low</i> <i>Risk of Principal Erosion: low risk</i>	Al-Ameen Islamic Cash Fund الامین اسلامک کیش فنڈ Al-Ameen Islamic Cash Plan-I** الامین اسلامک کیش پلان -I**	Rs: _____ روپے Rs: _____ روپے	_____ % فیصد _____ % فیصد
Capital Protected (Non Equity) <i>Risk Profile Low</i> <i>Risk of Principal Erosion: Low risk</i>	UBL Special Savings Fund UBL سپیشل سیونگس فنڈ Plan Name* _____ پلان کا نام _____ UBL Special Savings Fund - II UBL سپیشل سیونگس فنڈ - II Plan Name* _____ پلان کا نام _____	Rs: _____ روپے Rs: _____ روپے	_____ % فیصد _____ % فیصد
Shariah Compliant Capital Protected (Non Equity) <i>Risk Profile: Low</i> <i>Risk of Principal Erosion: Low risk</i>	Al-Ameen Islamic Special Savings Fund الامین اسلامک اسپیشل سیونگس فنڈ Plan Name* _____ پلان کا نام _____	Rs: _____ روپے	_____ % فیصد
Income <i>Risk Profile: Medium</i> <i>Risk of Principal Erosion: Medium risk</i>	UBL Income Opportunity Fund UBL انکم آپرٹونٹیٹی فنڈ UBL Government Securities Fund UBL گورنمنٹ سکیورٹیز فنڈ	Rs: _____ روپے Rs: _____ روپے	_____ % فیصد _____ % فیصد
Equity <i>Risk Profile: High</i> <i>Risk of Principal Erosion: High risk</i>	UBL Stock Advantage Fund UBL اسٹاک ایڈوانٹیج فنڈ UBL Financial Sector Fund UBL فنانشل سیکٹر فنڈ	Rs: _____ روپے Rs: _____ روپے	_____ % فیصد _____ % فیصد

*Excluding taxes

Category	Fund Name / CIS	Investment Amount	Front End Load (One time cost***)
Aggressive Income <i>Risk Profile: Medium</i> <i>Risk of Principal Erosion: Medium risk</i>	UBL Growth and Income Fund UBL گروتھ اور انکم فنڈ	Rs: _____ روپے	فیصد % _____
Fund of Funds <i>Risk Profile Medium</i> <i>Risk of Principal Erosion: Medium risk</i>	UBL Financial Planning Fund UBL فنانسئل پلاننگ فنڈ Plan Name* _____ پلان کا نام _____	Rs: _____ روپے	فیصد % _____
Shariah Compliant Fund of Funds <i>Risk Profile Medium</i> <i>Risk of Principal Erosion: Medium risk</i>	Al-Ameen Islamic Financial Planning Fund-III ال امین اسلامک فنانسئل پلاننگ فنڈ - III Plan Name* _____ پلان کا نام _____	Rs: _____ روپے	فیصد % _____
Asset Allocation <i>Risk Profile Medium</i> <i>Risk of Principal Erosion: Medium risk</i>	UBL Asset Allocation Fund UBL ایسٹ ایلوکیشن فنڈ	Rs: _____ روپے	فیصد % _____
Shariah Compliant Income <i>Risk Profile: Medium</i> <i>Risk of Principal Erosion: Medium risk</i>	Al-Ameen Islamic Sovereign Fund ال امین اسلامک سوورین فنڈ	Rs: _____ روپے	فیصد % _____
Shariah Compliant Aggressive Income <i>Risk Profile: Medium</i> <i>Risk of Principal Erosion: Medium risk</i>	Al-Ameen Islamic Aggressive Income Fund ال امین اسلامک ایگریسو انکم فنڈ Al-Ameen Islamic Aggressive Income Plan _____ ال امین اسلامک ایگریسو انکم پلان _____	Rs: _____ روپے	فیصد % _____
Shariah Compliant Asset Allocation <i>Risk Profile: Medium</i> <i>Risk of Principal Erosion: Medium risk</i>	Al-Ameen Islamic Asset Allocation Fund ال امین اسلامک ایسٹ ایلوکیشن فنڈ	Rs: _____ روپے	فیصد % _____
Equity <i>Risk Profile: High</i> <i>Risk of Principal Erosion: High risk</i>	UBL Stock Advantage Fund UBL اسٹاک ایڈوائیج فنڈ UBL Financial Sector Fund UBL فنانسئل سیکٹر فنڈ	Rs: _____ روپے Rs: _____ روپے	فیصد % _____ فیصد % _____
Shariah Complaint Equity <i>Risk Profile: High</i> <i>Risk of Principal Erosion: High Risk</i>	Al-Ameen Shariah Stock Fund ال امین شریعہ اسٹاک فنڈ Al-Ameen Islamic Energy Fund ال امین اسلامک انرجی فنڈ	Rs: _____ روپے Rs: _____ روپے	فیصد % _____ فیصد % _____

*Backend/contingent load may apply for early withdrawal before maturity/time period specified in Offering Document. **Daily dividend distribution. ***Excluding Taxes.

7) Know Your Customer

Principal line of business

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Parent company name (if applicable)

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Ultimate beneficiary

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Country of incorporation (please specify)

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Note: (This information should be same as mentioned in the entity registration document).

Expected annual revenue:

Source(s) of Investments

(select atleast one / more than one if applicable)

☐ Investment Income ☐ Business Income ☐ Donation ☐ Employee Contribution ☐ Other

Geographies Involved

☐ Domestic ☐ Ex - FATA ☐ International (mention countries)

i. ii.

Type of counterparties dealing with

☐ Individual ☐ NPO/Trust ☐ Business

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

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

Purpose of investment will: ☐ Growth ☐ Cash management ☐ Others

8) Declaration & Signature(s)

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 our knowledge and belief, and the documents submitted along with this application are genuine. We hereby undertake to promptly inform the company of any changes to the information provided in this form. We certify that 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. 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, 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. Also, we have no objection if my account related information is shared with third parties in order to fulfill regulatory/legal/bilateral arrangements/agreements/requirements.

We have carefully read, understood and accept the terms and conditions given in the relevant Trust Deed(s) and Offering Documents(s) of the fund(s), Plan(s) along with details of Sales Load to be deducted (if any) including taxes. We hereby also acknowledge that 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/>. We understood that the company may amend or after the terms and conditions referred herein and hereafter from time to time. We have understood to access the company website to keep myself ourselves updated before every operation of this account. We have understood that investments in mutual funds are subject to market risks and fund prices may go up or down based on market conditions. We have understood that past performance is not necessarily an indicator of future results and there is no fixed or guaranteed return.

Authorized signature

Authorized signature

Authorized signature

Authorized signature

Date:

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Note: official company stamp required

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.

Sole proprietorship	<input type="radio"/> Copy of registration certificate for registered concerns.. <input type="radio"/> Copy of certificate or proof of membership of trade bodies etc, wherever applicable. <input type="radio"/> Declaration of sole proprietorship on business letter head (as per provided format). <input type="radio"/> Account opening requisition on business letter head.
Partnership	<input type="radio"/> Attested copy of 'Partnership Deed'. <input type="radio"/> Attested copy of Registration Certificate with Registrar of Firms. In case the partnership is unregistered, this fact shall be clearly mentioned on the Account Opening Form. <input type="radio"/> Authority letter from all partners, in original, authorizing the person(s) to operate firm's account.
Limited Company / Corporations	<input type="radio"/> Resolution of Board of Directors for opening of account specifying the person(s) authorized to open and operate the account; <input type="radio"/> Memorandum and Articles of Association; <input type="radio"/> Certificate of Incorporation; <input type="radio"/> Certificate of Commencement of Business, wherever applicable; <input type="radio"/> List of Directors on 'Form-A/Form-B' issued under Companies Act, 2017, as applicable; and <input type="radio"/> Form-29, wherever applicable.
Branch Office or Liaison Office of Foreign Companies	<input type="radio"/> A copy of permission letter from relevant authority i.e Board of Investment. <input type="radio"/> Photocopies of valid passports of all the signatories of account. <input type="radio"/> List of directors on company letter head or prescribed format under relevant laws/regulations. <input type="radio"/> A Letter from Principal Office of the entity authorizing the person(s) to open and operate the account.
NGOs/NPOs /Charities	<input type="radio"/> Certified copies of Registration documents/certificate <input type="radio"/> By-laws/Rules & Regulations <input type="radio"/> Annual accounts/ financial statements or disclosures in any form which may help to ascertain the detail of its , sources and usage of funds. <input type="radio"/> Resolution of the Governing Body/Board of Trustees/Executive Committee, if it is ultimate governing body, for opening of account authorizing the person(s) to operate the account.(iii) Photocopy of identity document of the authorized person(s) and of the members of Governing Body/Board of Trustees /Executive Committee and Donors , if it is ultimate governing body.
Agents	<input type="radio"/> Certified copy of 'Power of Attorney' or 'Agency Agreement'. <input type="radio"/> Photocopy of identity document of the agent and principal. <input type="radio"/> The relevant documents/papers from if agent or the principal is not a natural person.
Executors and Administrators	<input type="radio"/> Photocopy of identity document of the Executor/Administrator. <input type="radio"/> A certified copy of Letter of Administration or Probate.
Govt. Institutions / Semi Govt.	<input type="radio"/> Registration documents/certificate . <input type="radio"/> By-Laws/Rules & Regulations.

Note: Tax and zakat Exemption certificates/affidavit are mandatory if exempted, CRS-E and FATCA NFE ,Photocopy of identity documents(i.e valid CNIC/passport) along with list of the all the Directors/trustees/signatories/Executors/Administrators/Authorizers are mandatory for all , kindly note Attested means originally attested from Notary Public)

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Distributor / ڈسٹری بیوٹر _____		Name of Agent / ایجنٹ کا نام _____		Sub-Agent / سب ایجنٹ کا نام _____	
Reference/Agent Code / ریفرنس/ایجنٹ کوڈ _____		CRM Lead _____		IC/Location / آئی سی/مقام _____	
Deposite/CMT Slip # _____		Acknowledgement Receipt # _____		Receipt date _____	
Remarks _____					