

Account Opening Form For Institutional Investors

TS2 # (for office use)



Customer ID

In case of existing unit holder
موجودہ یونٹ ہولڈر کی صورت میں

For assistance in filling this form, speak with our customer care executives at 0800-00026 or sms HELP to 8258.

You can submit the form at 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

- 1) 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.
- 2) Fill the form yourself or get it filled in your presence. Do not sign and/or submit blank forms.
- 3) Please tick in the appropriate box wherever applicable, incase any field is not relevant, please mark 'N/A' (Not applicable)
- 4) 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.
- 5) Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled.
- 6) Application complete in all respect and carrying necessary documentary attachments should be submitted at UBL Fund Managers' Investment Centers, designated UBL Branches, distributors outlets, or at UBL Fund Manager - Operation Office: 4th Floor, STSM Building, Beaumont road, Civil Lines, Karachi, Pakistan.
- 7) Please obtain acknowledgement receipt against your payment.
- 8) For assistance in filling this form or information about our products and services call our Corporate & Institutional Relationship Department on 021- 35290080-95

Guidelines

- 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) Payment shall be made in favor of 'CDC Trustee < Name of Fund > (in case of investment in Funds) and in favor of 'CDC Trustee Al Ameen Funds' (in case of investment in Plans). 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) Front-end load (charges) will be applicable on investment as per Constitutive Documents of the Fund(s) / Investment Plan(s).
- 7) 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).
- 8) Incase of partnership firm or Trust, application should be made in the name of the partnership or trustees.

1

Unit Holder Details

Entity Name
(Messers)

NTN/Registration
Number

Industry Category:

| | | | | | |
|--|---------------------------------------|--|--|--|---|
| Regulated Person | <input type="radio"/> Leasing Company | <input type="radio"/> NBFC | <input type="radio"/> Modaraba | <input type="radio"/> Stock Broker | <input type="radio"/> Insurance |
| Public Company | <input type="radio"/> Listed | <input type="radio"/> Unlisted | | | |
| <input type="radio"/> Private Company | <input type="radio"/> Sole Proprietor | <input type="radio"/> Registered (Please provide registration certificate) | <input type="radio"/> Unregistered | | |
| <input type="radio"/> Executive / Administrators | <input type="radio"/> Club, Society | <input type="radio"/> Association of Person | | | |
| Financial Institution | <input type="radio"/> Commercial Bank | <input type="radio"/> Micro-Finance Bank | <input type="radio"/> Investment Company | <input type="radio"/> Investment Bank | <input type="radio"/> Development Financial Institution |
| Retirement Fund | <input type="radio"/> Pension Fund | <input type="radio"/> Provident Fund | <input type="radio"/> Gratuity Fund | <input type="radio"/> Workers Profit Participation | |
| <input type="radio"/> Recognized | <input type="radio"/> Un Recognized | <input type="radio"/> Super Annuation Fund | | | |
| i. Partnership | <input type="radio"/> Registered | <input type="radio"/> Unregistered | | | |
| j. <input type="radio"/> NGO | <input type="radio"/> NPO | <input type="radio"/> Trust | (Please confirm if the source of funds are donation <input type="radio"/> YES <input type="radio"/> No | | |
| K. Others (please specify) | <input type="text"/> | | | | |

نوٹ: نقد رقم قابل قبول نہیں۔ ادائیگی صرف کراس چیک یا پی آرڈر یا آن لائن ٹرانسفر کے ذریعہ کریں۔

| | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|-----------------------------------|-------------------------------|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Registered Address | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Correspondence Address | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Office Phone | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Fax Number | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Company Website | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Primary Contact Person Name | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Designation | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Phone | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Email | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Alternate Contact Person Name | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Designation | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Phone | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Email | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Correspondence to be sent to | <input type="checkbox"/> As Above | If different (please specify) | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |

2

Bank Account Details of Unit Holder

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------|----------------------|--|--|--|--|--|--|--|--|--|--|--|-------------|----------------------|--|--|--|--|--|--|--|--|--|--|--|
| Bank Act # / IBAN # | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Account Title | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Name | <input type="text"/> | | | | | | | | | | | | Branch Code | <input type="text"/> | | | | | | | | | | | |
| Branch Name | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |

3 Account Operating Instructions

Tick (✓) one as appropriate ☐ Principal Applicant ☐ Joint Holders (Any Two) ☐ All Authorized Signatories

Other (please specify) _____

4 Dividend Payout Instructions

Please Tick (✓) one

☐ Reinvest in the Fund(s) / Plan(s) in the form of bonus units

☐ Distribute in the form of cash

Note: If no option is selected, any dividends declared will be reinvested back in the Fund(s) / Plan(s) in the form of bonus units.

5 Units Mode of Holding

I/We would like to confirm Units Mode of Hold as per option selected below Tick (✓) any one.

☐ Account Statement

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.

☐ Physical Certificates

Units 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 certificates will be issued. Certificate(s) will only be issued for whole number unit(s), not including any fractional unit(s), if any.

Note: If no option is selected, 'Account Statement' units mode of holding will be considered. For investment in Plans, 'Account Statement' will be the default units mode of holding. Whichever option is selected, there are procedures laid down in each case for redemption / encashment, conversion and transfer of funds / plans.

6 Investment Details

| Name of Scheme (s) * | Type of Units | Amount (Rs.) |
|------------------------|----------------------|----------------------|
| 1 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4 <input type="text"/> | <input type="text"/> | <input type="text"/> |

Total Investment Amount (Rs) _____

In Words _____

| | | | | | |
|--------------------|------------------------------|---------------------------------|------------------------------------|---------------------------------------|----------------------------|
| 1- Mode of Payment | <input type="radio"/> Cheque | <input type="radio"/> Pay Order | <input type="radio"/> Demand Draft | <input type="radio"/> Online Transfer | <input type="radio"/> RTGS |
| Instrument Number | <input type="text"/> | Bank Short Name(Drawn On) | <input type="text"/> | Branch Code | <input type="text"/> |
| Branch Name | <input type="text"/> | | | | |
| 2- Mode of Payment | <input type="radio"/> Cheque | <input type="radio"/> Pay Order | <input type="radio"/> Demand Draft | <input type="radio"/> Online Transfer | <input type="radio"/> RTGS |
| Instrument Number | <input type="text"/> | Bank Short Name(Drawn On) | <input type="text"/> | Branch Code | <input type="text"/> |
| Branch Name | <input type="text"/> | | | | |

3- Mode of Payment ☐ Cheque ☐ Pay Order ☐ Demand Draft ☐ Online Transfer ☐ RTGS

Instrument Number

Bank Short Name(Drawn On)

Branch Code

Branch Name

4- Mode of Payment ☐ Cheque ☐ Pay Order ☐ Demand Draft ☐ Online Transfer ☐ RTGS

Instrument Number

Bank Short Name(Drawn On)

Branch Code

Branch Name

7

Know Your Customer (KYC) (Mandatory)

Source of Funds

☐ Business Income☐ Other (Please specify)

Principal Line of Business

Parent Company Name (if applicable)

Geographical area of activity

Ultimate Beneficiary

Country of Incorporation (Please Specify)

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

8

Declaration & Signature(s)

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. Also, I have no objection if my account related information is shared with third parties in order to fulfill regulatory/legal/bilateral arrangements/agreements/requirements.

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 und(s)/Plan(s) along with details of Sales Load to be deducted (if any) including taxes. 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/>. I/We understand that the company may amend or after the terms and conditions referred herein and hereafter, from time to time. I/We have understood to access the company website to keep myself/ourselves updated before every operation of this account I/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. I/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

Note: Official company stamp is required

Date / تاريخ

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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 , 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 / رفرنس/ایجنٹ کوڈ _____ | CRM Lead _____ | IC/Location / آئی سی/مقام _____ |
| Deposite/CMT Slip # _____ | Acknowledgement Receipt # _____ | Receipt date _____ |
| Remarks _____ | | |