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

Date
Customer ID ID ID (For Office Use) TS2# ID
For assistance in filling out this form, speak with our Customer Care executive at +9221-35622781 for UBL Funds & or email at customercare@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 hold 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 / Employeement 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.
Father Husband O O
(Please write name as per identity document in block letters) CNIC No NICOP No ARC No POC No Passport No O O O O O O O O O O O O O O O O O O O
Mother's Maiden name
CNIC/ID/ Passport issuance Date
CNIC/ID/ Passport Expiry Date - (dd-mm-yy) / Gender Male Female
Date of Birth
Religion Zakat Deduction Yes No (In case of No, please submit zakat Affidavit)
Nationality Do you have Other Nationalities? (If Yes Please Disclose all Nationalities)
Nationality 2 Image: Country of Residence

Version 4 effective from 4th Nov, 2022

Do you hold U.S. Permanent Resident Are you a U.S. Resident O Yes O	Card (Green Card)? Yes No Standing instructions transfer funds to an account maintained in USA. Yes No No Are you registered in the US as a tax payer? Yes No
If you have stayed in U.S. for more than Mailing Address House / Flat #	183 days in a U.S. tax year, please submit W9 Form in original
O O O Block Street Mohallah Area	
Post Office / Village	
Nearest Landmark	Postal code District / Tehsil
City	
Country	
E-mail*	
Alternate E-mail	
Residence Phone	
Office Phone	
Mobile	
If applicant is minor	Note: Country and city code information are mandatory
Guardian Name	
Guardian 's Father/Husband Name	
Relation	
CNIC No NICOP No ARC No	POC No Passport No
CNIC/ID/ Passport issuance Date	- - _
CNIC/ID/ Passport Expiry Date	(dd-mm-yy) /

Note: Your mobile number has been registered for Tele-Transact & Mobile Transact facilities by default, please call our help line 0800 - 00026 for T-pin generation. 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 for update investment information and VAS (value added services). This email address may also be used to access your investment information and execute transaction including redemption, conversion & update profile Information etc.UBL Funds will not be held responsible for any potential misuse of the email.

2 Joint Unit Holders Details (Mandatory)

Name (Mr. 🔿 Ms. 🔿 Mrs. 🔿)
1. . </td
CNIC No NICOP No ARC No POC No Passport No O O O O O O
CNIC/ID/ Passport issuance Date
CNIC/ID/ Passport Expiry Date
Name (Mr. O Ms. Mrs. O)
2
CNIC No NICOP No ARC No POC No Passport No
CNIC/ID/ Passport issuance Date
CNIC/ID/ Passport Expiry Date
Name (Mr.) Ms.) 3. Father/Husband Name
CNIC No NICOP No ARC No POC No Passport No
CNIC/ID/ Passport issuance Date
CNIC/ID/ Passport Expiry Date (dd-mm-yy) Signature
Please provide copy of CNIC(s), Know Your Customer (KYC), FATCA Compliance information CRS form of Joint Holder(s) in the specified form.
3 Account Operating Instructions (Mandatory)
Tick (~) any one option Principal Unit Holder All Joint Holders Either or Survivor Other Content and the send account statement or any other correspondence as requested from time to time at my given email address. In case of not opting to use email address or any other correspondence, I/We will update the UBL Fund Managers by duly submitting Service Request Form.
4 Bank Account Details of Principal Unit Holder Mandatory) /
Bank Account Details (atleast one) of Principal Unit Holder Mandatory) /
Bank Account number / IBAN
Bank Account Title
Bank Name Branch Code
Bank Address Image: Second secon

5 Know Your Customer (KYC) (Mandatory)	
Please provide the following details pursuant to Anti-Money Laundering & CF	FT Regulations, 2020 issued by the Securities & Exchange Commission of Pakistan
Profession:	
Service/Salaried Self-employed Retired	House wife Student
O Other: O Relationship with pers	son on whom dependent upon
Note: In case of Housewife, Student and Others, if dependent on any other	er person, then kindly fill relevant information for that person.
Source(s) of Investments (the principal unit holder or on whom dependent (Select atleast one / more than one source, along with approximate or estimated	
O Salary RsO Business Income Rs	Foreign Remittance(s) Rs
Gift Rs OInheritance Rs	Sale of property Rs
Stocks / Investments / liquid asset as per tax return Rs.	Others Rs
Agriculture Rs Aggregate Approximate / Estimat	uted Income Rs
For Sole Proprietor(s) / Business Income Investors (Principal unit holder o	or On whom dependent upon)
Geographies Involved	
O Domestic O Ex - FATA O International (mention or	countries)
Type of counterparties dealing with ^{i.}	
O Individual O NPO/Trust O Business Othe	er
Expected Annual Investment (Maximum): Rs	
Your majority of transactions will be carried out through OPhysical	Online
Your expected No. of monthly investment transactions: 0 -5 6	5 – 10 ()11 – 15 ()More than 15
Your expected No. of monthly redemption transactions: 0 -5 6	6 – 10 O11 – 15 OMore than 15
Your purpose of investment: Growth Savings (ORegular Income OCash Management
Do you Belong to these professions Cawyer	Real Estate Dealer Foreign exchange dealer
Tax advisor/Accountant	Gem & Jewelery Dealers
Are you a politically exposed person	○ Yes ○ No
ncludes Heads of State or of government, senior politicians, senior government/ju mportant political party officials, Senior management/member of board of an inte	judicial/military officials of Grade 21 or above, Senior executive of state owned corporatio emational organization).
re 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
as any financial institution refused to open your account?	Yes No
o you have any links to offshore tax haven countries?	Yes No

Risk Profiling Assessment

It is likely that I will withdraw my investment I.

- а Within one year
- b Between 1 to 2 years
- С Between 2 to 5 years
- d Not before 5 years

II. **Experience of Investing**

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

III. To seek high retruns I can take:

- Very Low risk а
- b Low risk
- С Moderate risk
- d Medium risk
- High risk е

The investment amount is: IV.

- а An insignificant part of my investable income
- A signifcant part of my investable income b
- A substantial part of my investable income с

Total Score (I + II + III + IV)

е	High risk			100
IV.	The investment amou	ınt is:		
а	An insignificant part of r	my investable income		8
b	A signifcant part of my i	nvestable income		12
с	A substantial part of my	/ investable income		16
Tota	I Score (I + II + III + IV)	Int is: my investable income y investable income	[
	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 investment in Corporate Commercial Papers, Capital Protected Funds(non-equity), Income funds with deposits/placements in 'A' 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 'AA' rated Corporate debt instruments, MTS and spread transcations. Weighted average duration of portfolio of securities shall not exceed two (2) years	Moderat	e 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	n 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 mandate), Commodity Funds, Index Trakker Funds and Sector Specific Equity related Funds	High	Principal at High Risk

8
12
16
20



8	
12	
16	

100	

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 thee 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.

د تتبر داری: میں/ ہم اس فارم کے ذریعیہ اعلان کرتا ہوں کہ میں نے اس رسک پر وفائل کی شخیص کے سوالنا مے کوخود ہی پڑھا، ہمجھااورا سے کمسل کیا ہے۔ میں سجھتا ہوں کہ میہ والنامہ صرف میر کی طرف سے فراہم کردہ معلومات کی بنیاد پر خطرات کی نوعیت کا اندازہ کرنے میں مددکرتا ہے اوراس میں سرمایہ کاری اسمیم/ پلان کا انتخاب کرنے کا مطلق حق میر ب / ہمارے پائ ہے جیسیا بھی مجھے / ہمیں مناسب کے ،اگر چہ یہ میر ب / ہمارے رسک پروفائل کے مقابلے میں نتلف ہوسکتاہے۔ میں/ہم اس بات سے باخبر ہوں کہ میری /ہاری ذاتی صورتحال اور مقصد کے لحاظ ہے وقت کے ساتھ ساتھ میری /ہاری مالی ضروریات تبدیل ہو کتی ہیں۔



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

RiskDisclaimers: 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 Managers' 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 Consolidated Offering Document(s) of the Fund(s)/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 on market conditions. I/We understand that past performance is not necessarily an indicator of future results and there are no fixed or guaranteed return.

Signature: Principal Unitholder

⁸ Payment Details				
1. Mode of Payment	Cheque	Online Transfer	Cashier Che	que/Pay Order
Remittance Number	F	Remittance from bank ad	count	Branch Code
Branch Name				
2. Mode of Payment	Cheque	Online Transfer	Cashier Che	que/Pay Order
Remittance Number		Remittance from bank a	iccount	Branch Code
Branch Name				
*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).

9 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 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.

10 Dividend Payout Instructions (For Funds Only)

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 deem fit. The remaining income after the distribution of the minimum accounting income as per the NBFC and NE Regulations 2008.

اعلان اور دستخط Undertaking & Disclaimer

I/We, hereby authorize UBL Funds to share profile information with any third party(ies) for due diligence, Mobile CNIC pairing verification and for improvement in customer services. I/We hereby acknowledge having read and understood the Consolidated Offering Document(s) as amended from time to time, latest Fund Manager Report and/or Fact Sheet of the relevant CIS(s)/VPS(s)/Plan(s). I declare that I am the Ultimate Beneficial Owner of the amount invested and the funds are legitimate and not generated from Money Laundering Activities. I/We am/are fully informed and understand that investment in units of CIS(s)/VPS(s)/Plan(s) are not bank deposit, not guaranteed and not issued by any person. Shareholder of UBL Funds are not responsible for any loss to investor resulting from the operations of any CIS(s)/VPS(s)/ Plan(s) launched by UBL Funds unless otherwise mentioned. Under the Cooling-off Right Investor can claim, first time investment in a CIS(s)/VPS(s), through a written request at the applicable NAV on the date of the application within three business days of the said investment.

I/We understand that investment in mutual funds and/or pension funds are subject to market risks and fund prices may go up or down based on 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 hereby also acknowledge that I/We have reviewed and understood details of Sales Load, the Total Expense Ratio, Back-end and Contingent Load percentages including taxes of the Scheme as disclosed at UBL Fund website. Use of name and logo of UBL Bank / UBL Ameen as given above does not mean that it is responsible for the liabilities/obligations of UBL Fund Managers & Al-Ameen Funds or any investment scheme managed by it.

Signature: Principal Unit holder

Joint Account Holder

Joint Account Holder

Joint Account Holder

12 Foreign Account Tax Compliance Act (FATCA) (FATCA

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 / Guardia	n (Incase of minor)	

13 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	Signature
Name of Sales Agent: (ICM qualified only)	Name of Supervisor: (To sign only in case of non-ICM qualified Sales agent) Date:
مرف دفتری استعال کے لیے For Office Use Only	
Distributor فرسری پوژ	Name of agent ایجنه کام
Sub agent زیلی ایجند	Reference agent Code ایجند کوؤکا حواله
	Remarks ریمارک
Eligibility الجيت ID	CRM Leads اليرز CRM
لیڈریفرل انفارمیشن Lead Referral Information	
لیڈریفرل پروگرام(LRP) (LRP) لیڈریفرل پروگرام	
Name of Leads referral provider المدريفرل مهياكر في والحكانام	
Location	
Ref. No حواله نبر	

10	Glossary				
1	ARC No	Alien Registration Card	14	КҮС	Know Your Customer
2	CFT	Combating the Financing of Terrorism	15	MFS	Margin Financing System
3	CIS	Collective Investment Scheme	16	MTS	Margin Trading System
4	CNIC	Computerised National Identity Card	17	NAV	Net Asset Value
5	CPPI	Constant Proportion Portfolio Insurance	18	NBFC & NE	Non Banking Finance & Companies Notified
6	CRS	Common Reporting Standard	10	Regulations	Entities Regulations
7	DFI	Development Financial Institution	19	NICOP	National Identity Card for Overseas Pakistanis
8	FATA	Federally Administered Tribal Areas	20	NTN	National Tax Number
9	FATCA	Foreign Account Tax Compliance Act	21	POC No	Pakistan Origin Card Number
10	IBAN	International Bank Account Number	22	TIN	Taxpayer Identification Number
11	IC	Investment Center	23	VAS	Value Added Service
12	ID Card	Identification Card	24	VPS	Voluntary Pension Scheme
13	IPO	Initial Product Offering			

Customer ID	
	al-ameen funds Monoged by UBL Fund Managers Limited
(For Office Use)	
	TS2#

For assistance in filling out this form, speak with our Customer Care executive at 0800-00026 for sms HELP to 8258.

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.

Validation for mismatch in investor risk profile and fund selection				
Mr. Ms. Mrs.				
CNIC No NICOP No ARC No POC No Passport No O O O O				
The Investor Risk Profile as per the Account Opening Form is: Very Low Moderate Medium High (Please tick only one box) The Fund Risk Profile as per the Account Opening Form is: Low Moderate Medium High				

Declaration:

I have understood that I have the absolute right to choose the investment as I deem fit even if it does not matches with my risk profile. I also declare that I, with the help of the company representative of UBL Fund Managers Limited, have completely understood the risks involved in my investment as mentioned in the Offering Document and Fund Manager Report/ Term Sheet and I am responsible for all my current and future transactions.

Signature: Principal Unitholder

Name & Signature: Sales Agent

Individual Tax Residency Self-Certification Form

CRS-I

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 orGiven name(s)	Aiddle Name (s)
B. Current Residence Address:*	
Line 1 (Name,Number,Street)	
Line 2(Town O /City O / Province O /County O /State O)	
Country	PostalCode
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 tay identification number is not available enter Reason A,B,or C
1.			ОАОВОС
2.			ОАОВОС
3.			ОАОВОС

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.



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.	Signature*	
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*	Print Name*	
	Date*	
	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 attached a certified copy of the power of attorney	

CRS-