

Account Opening Form For Institutional Investors

Date



Customer ID

(For Office Use)

TS2#

For assistance in filling out this form, speak with our Customer Care executive at +9221-35622781 or UAN: 021-111-825-262 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

- 1) Fill the form with blue pen 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 by yourself or get it filled in your presence. Do not sign and / or submit blank form.
- 3) Please tick the appropriate box wherever applicable, in-case 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 instruction provided in this form and the term and condition in the offering document (s) of the relevant scheme prior to submitting the form.
- 5) Application incomplete in any respect and / or not accompanied by required documents are liable to be hold or rejected until complete requirements are fulfilled.
- 6) Application complete in all respect and carrying all necessary documentary attachments should be submitted at UBL Fund Managers Investment Center, Designated UBL branches, distribution Outlets, or UBL Funds Managers Operation Office: 4th Floor, STSM building, Beaumont road, Civil Lines, Karachi, Pakistan.
- 7) Please obtain acknowledgment receipt against your payment for investment.
- 8) For assistance in filling this form or information on about our products and services call our Corporate & Institutional Sales department.

Guidelines

- 1) Cash will not be accepted.
- 2) Payment shall be made in the form of cheque, demand draft payorder 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 UBL Funds' or 'Al-Ameen Funds' instrument should be crossed account payee only.
- 4) If payment instrument is returned, the application will be rejected.
- 5) It should be the responsibility of applicant to pay all charges and taxes in relation to the unit purchased.
- 6) Front-end load (charges) will be applicable on investment as per Constitutive Documents of the Fund(s)
- 7) In case of partnership firm or trust, application should be made in the name of the partnership or trust.

1) Unit Holder's Details

Entity name/
Messrs:

NTN
Number:

Registration
Number:

Registration date:

Regulated person:

☐ Leasing company ☐ NBFC ☐ Modaraba ☐ Stock broker ☐ Insurance

Public company:

☐ Listed ☐ Unlisted

☐ Private Company ☐ Sole Proprietor ☐ Registered (Please provide registration certificate) ☐ Unregistered

☐ Executors / Administrators ☐ Club / Society ☐ Association of Person

Financial Institution ☐ Commercial Bank ☐ Micro-Finance Bank ☐ Investment Company ☐ Stock Broker ☐ Insurance Company

Retirement Fund ☐ Pension Fund ☐ Provident Fund ☐ Gratuity Fund ☐ Workers Profit Participation Fund ☐ Super Annunciation Fund
☐ Recognized ☐ Unrecognized

Partnership ☐ Registered ☐ Unregistered

☐ NGO ☐ NPO ☐ Trust

Other (please specify)

Registered
Address:

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) Account Operating instructions

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 / 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 ☐ Cheque

☐ Pay Order

☐ Demand Draft

☐ Online Transfer

☐ RTGS

Instrument Number

Bank Short Name(Drawn On)

Branch Code

Branch Name

2- Mode of Payment ☐ Cheque

☐ Pay Order

☐ Demand Draft

☐ Online Transfer

☐ RTGS

Instrument Number

Bank Short Name(Drawn On)

Branch Code

Branch Name

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

Scheme Category اسکیم کی قسم	Fund Name / CIS نمائند نام / CIS	Investment Amount 1/ یک روپی کی رقم	Front End Load to be Charge (One time cost) فرانت اینڈ لوڈ (ایک بار کی قیمت)	Maximum Front End load (One time cost) زیادہ سے زیادہ فرانت اینڈ لوڈ
Money Market منی مارکیٹ Risk Profile: Low ریسک پروفائل: کم Risk of Principal Erosion: Low risk اصل زرمیں کوئی کا خطرہ: کم	UBL Money Market Fund UBL Liquidity Plus Fund UBL Cash Fund* UBL Liquidity Fund	Rs: _____ روپے Rs: _____ روپے Rs: _____ روپے Rs: _____ روپے	فیصد % _____ Nil Nil Nil	Upto 1% Nil Nil Nil
Shariah Compliant Money Market شریعت کے مطابق منی مارکیٹ Risk Profile: Low ریسک پروفائل: کم Risk of Principal Erosion: low risk اصل زرمیں کوئی کا خطرہ: کم	Al-Ameen Islamic Cash Fund Al-Ameen Islamic Cash Plan-r-1	Rs: _____ روپے Rs: _____ روپے 1	Nil Nil	Nil Nil
Capital Protected (Non Equity) کپٹل پروفائلڈ (غیر اسٹاک) Risk Profile : Low ریسک پروفائل: کم Risk of Principal Erosion: Low risk اصل زرمیں کوئی کا خطرہ: کم	UBL Special Savings Fund Plan Name* _____ UBL Special Savings Fund -11 Plan Name* _____	Rs: _____ روپے Rs: _____ روپے	1 % _____ فیصد % _____	Upto 2% Upto 1.5%
Fixed Return فیکسڈ ریٹرن (f) :Low ریسک پروفائل: کم Risk of Principal Erosion: Low risk اصل زرمیں کوئی کا خطرہ: کم	UBL Fixed Return Fund UBL Fixed Return Plan Note: The date of investment, UBL Holder is required to provide monthly instructions to: EM-K Roll-over Disclosure (mandatory): <input type="checkbox"/> Yes <input type="checkbox"/> No If No: <input type="checkbox"/> Transfer to Bank A/c Note: Roll-over will be made in Plan name duration. The terms & conditions including fixed rate of return may vary according to the prevailing market conditions on the date of roll-over. The details will be published on website. In case of non rollover or no a duration plan being a HeGAL maturity, the maturity proceeds (net of tax) will be transferred to your registered Bank Account.	Rs: _____ روپے	Nil	Nil
Shariah Compliant Fixed Return Scheme شریعت کے مطابق فیکسڈ ریٹرن اسکیم Risk Profile: Low ریسک پروفائل: کم Risk of Principal Erosion: Low risk اصل زرمیں کوئی کا خطرہ: کم	Al-Ameen Islamic Fixed Return Fund Al-Ameen Islamic Fixed Return Plan Roll-over Disclosure (mandatory): <input type="checkbox"/> Yes <input type="checkbox"/> No If No: <input type="checkbox"/> Transfer to Bank A/c Note: Roll-over will be made in Plan name duration. The terms & conditions including fixed rate of return may vary according to the prevailing market conditions on the date of roll-over. The details will be published on website. In case of non rollover or no a duration plan being a HeGAL maturity, the maturity proceeds (net of tax) will be transferred to your registered Bank Account.	Rs: _____ روپے	Nil	Nil
Income آمدنی اسکیم Risk Profile: Medium ریسک پروفائل: درمیانہ Risk of Principal Erosion: Medium risk اصل زرمیں کوئی کا خطرہ: درمیانہ	UBL Income Opportunity Fund UBL Government Securities Fund	Rs: _____ روپے Rs: _____ روپے	فیصد % _____ فیصد % _____	Upto 1.5% Upto 1%

Excluding taxes

Scheme Category اسکیم کی قسم	Fund Name / CIS فونڈ کا نام / CIS	Investment Amount سرمایہ کاری کی رقم	Front End Load to be Charge (One time cost) فرنٹ اینڈ لوڈ (ایک بار کی قیمت)	Maximum Front End Load (One time cost)
Aggressive Income <i>Risk Profile: Medium</i> <i>Risk of Principal Erosion: Medium risk</i> اگر زیادہ منافع ریسک پر دو فائل: درمیانہ اصل زرمیں کوئی کا خطرہ: درمیانہ	UBL Growth and Income Fund UBL گروتھ اور انکم فونڈ	Rs: _____ روپے	_____ % فیصد	Upto 1.5%
Asset Allocation <i>Risk Profile: High</i> <i>Risk of Principal Erosion: High risk</i> ایلیکشن، ایسٹ ریسک پر دو فائل: زیادہ اصل زرمیں کوئی کا خطرہ: زیادہ	UBL Asset Allocation Fund UBL ایسٹ ایلیکشن فونڈ	Rs: _____ روپے	_____ % فیصد	Upto 3%
Shariah Compliant Income <i>Risk Profile: Medium</i> <i>Risk of Principal Erosion: Medium risk</i> شریعت کے مطابق انکم ریسک پر دو فائل: درمیانہ اصل زرمیں کوئی کا خطرہ: درمیانہ	Al-Ameen Islamic Sovereign Fund الامین اسلامک سوورین فونڈ Al-Ameen Islamic Income Fund الامین اسلامک انکم فونڈ	Rs: _____ روپے Rs: _____ روپے	_____ % فیصد _____ % فیصد	Upto 1% Upto 1.5%
Shariah Compliant Aggressive Income <i>Risk Profile: Medium</i> <i>Risk of Principal Erosion: Medium risk</i> شریعت کے مطابق اگر زیادہ منافع ریسک پر دو فائل: درمیانہ اصل زرمیں کوئی کا خطرہ: درمیانہ	Al-Ameen Islamic Aggressive Income Fund الامین اسلامک ایگریسیو انکم فونڈ Al-Ameen Islamic Aggressive Income Plan الامین اسلامک ایگریسیو انکم پلان	Rs: _____ روپے	_____ % فیصد	Upto 1% (May change in different period)
Shariah Compliant Asset Allocation <i>Risk Profile: Medium</i> <i>Risk of Principal Erosion: Medium risk</i> شریعت کے مطابق ایسٹ ایلیکشن ریسک پر دو فائل: درمیانہ اصل زرمیں کوئی کا خطرہ: درمیانہ	Al-Ameen Islamic Asset Allocation Fund الامین اسلامک ایسٹ ایلیکشن فونڈ	Rs: _____ روپے	_____ % فیصد	Upto 3%
Equity <i>Risk Profile: High</i> <i>Risk of Principal Erosion: High risk</i> ایکویٹی ریسک پر دو فائل: زیادہ اصل زرمیں کوئی کا خطرہ: زیادہ	UBL Stock Advantage Fund UBL اسٹاک ایڈوانٹیج فونڈ UBL Financial Sector Fund UBL فنانسیئل سیکٹر فونڈ	Rs: _____ روپے Rs: _____ روپے	_____ % فیصد _____ % فیصد	Upto 2.5% Upto 3%
Shariah Complaint Equity <i>Risk Profile: High</i> <i>Risk of Principal Erosion: High Risk</i> شریعت کے مطابق ایکویٹی ریسک پر دو فائل: زیادہ اصل زرمیں کوئی کا خطرہ: زیادہ	Al-Ameen Shariah Stock Fund الامین شریعت اسٹاک فونڈ Al-Ameen Islamic Energy Fund الامین اسلامک انرجی فونڈ	Rs: _____ روپے Rs: _____ روپے	_____ % فیصد _____ % فیصد	Upto 2.5% Upto 3%

Excluding taxes

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

*پیش کش مال: ہستاریات میں درج مشرور ہو گیا اور مقرر مدت سے پہلے رقم نکالنے کی صورت میں ایک اینڈا کٹمنٹ کوڈ لاگو ہو سکتا ہے۔ ** روزانہ منافع کی تقسیم۔ ***یکسوں کے بغیر۔

8) 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

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

Expected Investment Transactions (Rs.) in a year:

☐ Upto 100,000

☐ 100,000 – 800,000

☒ 800,001 – 10,000,000

☐ More than 10,000,000

Expected Investment Per Transaction (Rs.):

☐ Upto 25,000

☐ 25,000 – 400,000

☒ 400,001 – 1,000,000

☐ More than 1,000,000

Purpose of investment:

☐ Growth

☐ Cash management

☐ Others _____

9) Declaration & Signature(s)

Undertaking

I/we hereby declare that the information provided in this form is true and correct and that I/we am/are authorized to conduct transaction in this account. I/we, hereby give our consent to UBL Funds to share my/our information with any third party(ies) in order to fulfill KYC related verification including NADRA, Verisys, (including Directors/Trustees/Partners/Ultimate Beneficial Owner/Authorized Signatories or any other person whose verification is required pursuant to regulatory requirement), IBAN, 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)/ Plan(s). I/we understand to access the Company website to keep myself/ourselves updated before every operation of this account. I/we declare that I/we acknowledge that the provided Ultimate Beneficial Owner information is correct in all respect and the amount invested and the funds invested are legitimate and not generated from Money Laundering Activities. I/we am/are fully informed and understand that investment in units of CIS(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)/ Plan(s) launched by UBL Funds unless otherwise mentioned.

I/we hereby indemnify UBL Funds against any liability, loss or damages, compensation, legal proceedings arising as a result of the inaccurate and / or incomplete information by me/us and / or due to technical issue in the site / portal / service for the execution of online transaction (online, IBFT & RTGS). I further indemnify UBL Funds from any loss or liability occurring by blocking of accounts due to any administrative action including missing or outdated Source of Income and/or Know Your Customer related information. I/we hereby further confirmed and undertake that the provided account details are correct.

Disclaimer

I/we understand that investment in CIS(s)/Plan(s)/ 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 guaranteed return or capital. I/we hereby also acknowledge that I/we have reviewed and understood detail of Sales load, the Total Expense Ratio, Back-end and Contingent load percentages including taxes of the Scheme as disclosed at UBL Fund website.

I acknowledge that I have read the Key Fact Statement at the time of investment, and I have read and understood the terms and conditions to the best of my knowledge and have retained copy of the same.

Use of name and logo of UBL Bank / UBL Ameen as given above does not mean that they are responsible for the liabilities/obligations of UBL Fund Managers & Al-Ameen Funds or any investment scheme managed by them.

Authorized signature

Date:

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Note: official company stamp required

For UBL Fixed Return Plan ____ / Al Ameen Islamic Fixed Return Plan ____ only:

I/We confirm that I/We have understood the details mentioned below at the time of investments.

1. Due to uncontrollable factors/force majeure including but not limited to Pandemics, Debt Restructuring, Wars, Government economic restructuring measures etc. there may be situation where the underlying asset lose their value in any shape, form or manner thereby resulting in loss of principal to the investor;
2. In the event of premature redemption, the contingent load, if any, will apply which may result in not delivering the quoted return as well as potential loss in principal investment;
3. Contingent load referred to as exit charges (including taxes), against early redemption of units / withdrawal during subscription period or completion of plan (not applicable on cash dividends).
4. For information regarding investment policy of respective allocation plans, please refer to consolidated offering document specifically annexure B.
5. I/We hereby also agree to inform UBL Fund Managers in writing on specified form, in case of any change in the standing instruction regarding maturity.

Authorized signature

For UBL Special Savings Plan ____ Only:

I/We confirm that I/We have understood the details mentioned below at the time of investments.

1. Due to uncontrollable factors/force majeure including but not limited to Pandemics, Debt Restructuring, Wars, Government economic restructuring measures etc. there may be situation where the underlying asset losses their value in any shape, form or manner thereby resulting in loss of principal to the investor;
2. In the event of premature redemption the contingent load, if any, will apply which may result in not delivering the quoted return as well as potential loss of principal investment;
3. Back End Load (Deferred Sales load) referred to as Exit Charges to be deducted including taxes upon redemption of units before completion of thirty six (36) months from commencement of Life of the Plan (excluding units redeemed during Subscription Period & Cash Dividends)
4. For information regarding the investment policy of the respective allocation plan, please refer to Annexure 'B' of the offering document & thereto supplemental of 'UBL Special Savings Fund/ UBL Special Savings Fund II'

Authorized signature

10) 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**
- o Photocopy of identity document of the proprietor.
 - o Attested copy of registration certificate for registered concerns.
 - o Sales Tax registration or NTN, where applicable
 - o Registered/ business address.
 - o Copy of certificate or proof of membership of trade bodies etc., wherever applicable.
 - o Requisition and Declaration of sole proprietorship on business letter head (as per provided format).

- Partnership**
- o Photocopies of identity documents of all the partners and authorized signatories.
 - o Attested copy of 'Partnership Deed'.
 - o 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.
 - o Authority letter from all partners, in original, authorizing the person(s) to operate firm's account.
 - o Registered/ business address.
 - o Copy of latest financial statements of partnership

- Limited Liability Partnership (LLP)**
- o Photocopies of identity documents of all the partners and authorized signatories
 - o Certified Copies of:
 - o Limited Liability Partnership Deed/Agreement.
 - o LLP-Form-III having details of partners/designated partner in case of newly incorporated LLP.
 - o LLP-Form-V regarding change in partners/designated partner in case of already incorporated LLP.
 - o Authority letter signed by all partners, authorizing the person(s) to operate LLP account.
 - o Copy of latest financial statements of partnership

- Limited Companies/ Corporations**
- o Certified copies of:
 - o Resolution of Board of Directors for opening of account specifying the person(s) authorized to open and operate the account;
 - o Memorandum and Articles of Association;
 - o Latest 'Form-A/Form-B'.
 - o Incorporate Form II in case of newly incorporated company and Form A / Form C whichever is applicable; and Form 29 in already incorporated companies;
 - o Photocopies of identity documents of all the directors and persons authorized to open and operate the account;
 - o Photocopies of identity documents of the beneficial owners;
 - o Copy of latest financial statements

- Branch Office or Liaison Office of Foreign Companies**
- o A copy of permission letter from relevant authority i.e. Board of Investment.
 - o Photocopies of valid passports of all the signatories of account.
 - o List of directors on company letter head or prescribed format under relevant laws/regulations.
 - o Certified copies of
 - o Form II about particulars of directors, Principal Officer etc. in case of newly registered branch or liaison office of a foreign company
 - o Form III about change in directors, principal officers etc. in already registered foreign companies branch or liaison office of a foreign company
 - o A Letter from Principal Office of the entity authorizing the person(s) to open and operate the account.
 - o Branch/Liaison office address.

Trust, Clubs, Societies and Associations etc.

- o Certified copies of:
 - o Certificate of Registration/Instrument of Trust
 - o By-laws/Rules & Regulations
- o 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.
- o Photocopy of identity document of the authorized person(s) and of the members of Governing Body/Board of Trustees /Executive Committee, the Settlor (if any), the Protectors (if any), the beneficiaries and any natural person exercising ultimate effective control over the trust if it is ultimate governing body.
- o Registered address/ business address where applicable.
- o List of Major Donors in case operating on Donations.
- o Copy of latest financial statements.

NGOs/NPOs/ Charities

- o Certified copies of:
 - o Registration documents/certificate;
 - o By-laws/Rules & Regulations.
- o 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;
- o Photocopy of the identity document (CNIC/NICOP/Passport whichever applicable) of the authorized person(s) and of members of Governing Body/Board of Trustees /Executive Committee, if it is an ultimate governing body;
- o Latest Audited Financial Statements;
- o Registered address/ Business address.
- o Updated list of major donors that maintain decision rights with a copy of their identity document.

Agents

- o Certified copy of 'Power of Attorney' or 'Agency Agreement'.
- o Photocopy of identity document of the agent and principal.
- o The relevant documents/papers, if agent or the principal is not a natural person.
- o Registered/ Business address

Executors and Administrators

- o Certified copy of 'Power of Attorney' or 'Agency Agreement'.
- o Photocopy of identity document of the agent and principal.
- o The relevant documents/papers, if agent or the principal is not a natural person.
- o Registered / Business Address

Govt. Institutions / Semi Govt.

- o Registration documents/certificate
- o By Laws/Rules & Regulation

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)

For Office Use Only / صرف آفس استعمال کے لیے

Distributor / دистриبیٹر _____ Name of Agent / ایجنٹ کا نام _____ Sub-Agent / سب ایجنٹ _____

Reference/Agent Code / حوالہ ایجنٹ کا کوڈ _____

CRM Lead

□□□□□ □□□□□□□□

ICL Location / آئی سی ایل لوکیشن _____

Deposite/CMT Slip #

Acknowledgement Receipt #

Receipt date

□□□□□□□ □□□□□□□□□□ □□- □□-□□□□□□