

	TO BE FILLED BY INVESTOR	PQAMCL-22-08-RP
Help us understand your financial needs better. Kindly fill the form below to give you a customized solution for your investment goals. Circle the below responses as per your choices:		Name:
		Portfolio No.:
Already Provided: No change in p	revious details	
Age (in yrs) 1. Abov	ve 60 2. 50-60 3. 40-50	4. Below 40
Risk-Return Tolerance Level	Monthly Saving	Occupation
1. Lower Risk, Lower Returns	2. Rs. 1,000-Rs. 25,000	1. Retired
4. Medium Risk, Medium Returns	3. Rs. 25,000-Rs. 50,000	2. Housewife/Student
4. Mediam Kisk, Mediam Ketams	3. Ns. 25,000 Ns. 50,000	3. Salaried
8. Higher Risk, Higher Returns	4. Above Rs. 50,000	4. Business/Self Employed
Investment Objective	Your Level of Knowledge of Investments and Financial Market	Investment Horizon
2. Cash Management	investments and Financial Market	2. Less than 6 months
4. Monthly Income	2. Limited/Basic/Average	4. 6 months to 1 year
8. Capital Growth/Long Term Saving/ Retirement	3. Good/Excellent	6. 1 to 3 years  8. More than 3 years

Now, please add the scores corresponding to your selected choices & calculate in the below table to find your ideal investment fund.

	Scores	Investor Portfolio	Funds
Calculate	33-39	Aggressive	Equity
your Ideal	24-32	Balance	Balanced
Portfolio	15-23	Stable	Income
	1 1-14	Conservative	Money Market

## NOTE:

I/We hereby confirm that all information provided in this form is true and correct to the best of my/our knowledge. I/We also confirm having read and understood the Trust Deeds, Offering Documents, Supplemental Offering Documents that govern the transactions and further acknowledge understanding of the risks involved in Mutual Funds. Further, I/We declare to have under-stood and completed this entire Risk/Return Profiling Questionnaire.

I/We understand and agree that as per my/our Risk le, Pak-Qatar Asset Management Company Limited has suggested the above fund category to me/us but I/we can/may invest in any other fund category as per my/our discretion.

Name of Sales Person	Name of Manager
Signature of Sales Person	Signature of Manager

Signature of Principal/Joint Account Holder(s)