

Account Opening Form
for Corporate

PQAMCL-22-08-AOFC

Day	Month	Year

For Office use only

Portfolio No.:	
----------------	--

NOTE: ALL FIELDS IN THE FORM ARE MANDATORY UNLESS MENTIONED OTHERWISE ANNEXURE I MUST BE FILLED BY EVERY INVESTOR

ACCOUNT DETAILS									
Company / Business Name:									
NTN Number (if exempted please provide exemption letter):									
Incorporation / Registration No.					Date of Incorporation / Registration of Legal Person / Arrangements:				
Business Address:							City:		Country:
Registered Address:							City:		Country:
CONTACT PERSON NAME					Email				
Office:			Mobile				Mobile Network:		
BANK ACCOUNT DETAIL FOR REDEMPTION PURPOSE									
Bank Account No. (IBAN preferred)									
Bank Name:				Branch:			City:		
DIVIDEND MANADATE									
Cash Dividend: <input type="checkbox"/> Re-invest OR <input type="checkbox"/> Provide Cash					Stock Dividend: <input type="checkbox"/> Issue Bonus Units OR <input type="checkbox"/> En-cash Bonus Units				
Nature of Business:									
Geographies Involved		Domestic <input type="checkbox"/> Sindh <input type="checkbox"/> Punjab <input type="checkbox"/> KPK <input type="checkbox"/> Balochistan <input type="checkbox"/> Others					International <input type="checkbox"/> FATF Compliant <input type="checkbox"/> FATF Non-Compliant		
Type of Counter Parties		Domestic <input type="checkbox"/> Sindh <input type="checkbox"/> Punjab <input type="checkbox"/> KPK <input type="checkbox"/> Balochistan <input type="checkbox"/> Others					International <input type="checkbox"/> FATF Compliant <input type="checkbox"/> FATF Non-Compliant		
Possible Modes of Transactions: <input type="checkbox"/> Online <input type="checkbox"/> Physical <input type="checkbox"/> Both				Expected No. of Transactions (Monthly)					
Expected Turnover in Account: <input type="checkbox"/> Monthly Rs. or <input type="checkbox"/> Annually Rs.									
Expected Amount of Investment: <input type="checkbox"/> upto Rs. 2.5 M <input type="checkbox"/> Rs. 2.5 M to Rs. 5 M <input type="checkbox"/> Rs. 5 M to Rs. 10 M <input type="checkbox"/> Rs. 10 M to Rs. 100 M <input type="checkbox"/> Above Rs. 100 M									
SUBSCRIPTION REQUEST									
Fund Manager's Report (FMR): <input type="checkbox"/> Send through email <input type="checkbox"/> Do not send									
DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(S) We hereby confirm that all information provided in this form is true and correct to the best of our knowledge. We also confirm having read and understood the Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplement Offering Documents that govern the transactions and further acknowledge understanding of the risks involved in mutual funds.									
Name and Signature of Authorised Signatories with Company stamp									
APPLICATION CHECK LIST (To be filled by Sales Officer)									
<input type="checkbox"/> Memorandum and Article of Association/Bye Laws/Trust Deed <input type="checkbox"/> Name and CNIC Copies of Authorized Signatories <input type="checkbox"/> Name and CNIC Copies of Directors/Trustees					<input type="checkbox"/> Certificate of Incorporation/Registration <input type="checkbox"/> Board Resolution (authorizing investments) <input type="checkbox"/> Company's Audited Accounts				
OTHER INFORMATION (To be filled by Sales Officer)									
Sector: <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Private Ltd. <input type="checkbox"/> Insurance <input type="checkbox"/> Bank <input type="checkbox"/> DFI <input type="checkbox"/> Modarabas <input type="checkbox"/> Retirement Funds <input type="checkbox"/> NGO <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Others <input type="checkbox"/> Mutual Funds									
Target (Risk Profile)		<input type="checkbox"/> Low Risk <input type="checkbox"/> High Risk							
Sales Person's Name and Code			Sales Person's Signature			Signature and Stamp of Distributor			
Reporting Date			Signature of Reporting Person						
Signature of Person Authorising Transaction at TA						Signature & Stamp of Transfer Agent			
REMARKS									

Title of Account: _____

Instructions for completion

The Foreign Account Tax Compliance Act (FATCA) was enacted into U.S. Law in March 2010. It is aimed at preventing U.S. taxpayers from using accounts held outside of the U.S. to evade taxes. Under U.S. federal tax law, Pak-Qatar Asset Management Company Limited (PQAMCL) is required to request certain taxpayer information from certain persons who maintain an account (whether such persons are U.S. taxpayers Information collected will be used solely to fulfil the Al Meezan’s requirements under U.S. federal tax law and will not be used for any purpose.

To assist you in completing this form, a glossary of terms is attached to this form. PQAMCL does not provide tax advice and will not be liable for any errors contained in this form. If you have any questions about how to complete this form you should contact your tax advisor.

Section 1: Classification for FATCA Purpose

Please tick(✓) one box only in this section.

A. Financial Institution

- 1.1 Exempt Beneficial Owner☐ Please provide Form W8 BEN E
- 1.2 Participating Foreign Financial Institution☐ Please provide Form W8 BEN E and complete Section 2
- 1.3 Non-Participating Foreign Financial Institution☐ Account cannot be opened
- 1.4 Pakistani Financial Institution or a Partner Jurisdiction Financial Institution☐ Please provide Form W8 BEN E and complete Section 2
- 1.5 Financial Institution resident in the USA or in a US Territory☐ Please complete Section 2
- 1.6 Deemed Compliant Foreign Financial Institution (besides those listed above)☐ Please provide Form W8 BEN E

B. Non-Financial Foreign Entity

- 1.7 Active Non-Financial Foreign Entity☐
- 1.8 Passive Non-Financial Foreign Entity☐ Please complete Section 3

C. Specified U.S. Person

- 1.9 Specified U.S. Person☐ Please provide Form W-9 and
US-TIN Number _____

Section 2: Financial Institutions

- 2.1 Please provide your Global Intermediary Identification Number ('GIIN')
- 2.2 If you are unable to provide a GIIN, please tick (✓) one of the below reasons;

(i) The Entity is a IGA Partner Jurisdiction Financial Institution and have not yet obtained a GIIN☐

(ii) GIIN not yet obtained but sponsored by another entity which does have a GIIN☐

Sponsor's Name: _____

Sponsor's GIIN: _____

(iii) US Person but not a Specified US Person☐

Section 3: Passive Non-Financial Foreign Entity

If you are a Passive Non-Financial Foreign Entity, we are required to establish whether any Controlling Person (refer Glossary for meaning of Controlling Person) is a U.S citizen or resident in the U.S. for tax purposes. Please provide certification for all such controlling persons of the entity.*

S.No	Full Name	US Citizen	US Resident	Place of Birth	Address	Telephone Number
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

*If additional self-certifications are required, please copy this page.

Declaration:

- We hereby confirm the information provided above is true, accurate and complete.
- Subject to applicable local laws, we hereby consent for PQAMCL, to share our information with domestic or overseas regulators or tax authorities where necessary to establish our tax liability in any jurisdiction.
- Where required by domestic or overseas regulators or tax authorities, we consent and agree that PQAMCL may withhold from our account(s) such amounts as may be required according to applicable laws, regulations and directives.
- We undertake to notify PQAMCL within 30 calendar days if there is a change in any information which we have provided to PQAMCL
- We will indemnify and hold harmless PQAMCL from any loss, action, cost, expense (including, but not limited to sums paid in settlement of claims, reasonable attorneys' and consultant fees, and expert fees), claim, damages, or liability which arises or is incurred by PQAMCL in discharging its obligations under FATCA and/or as a result of disclosures to the US tax authorities.

Company Secretary/Authorized Signatories

Name _____ Signature _____ Date _____

Glossary

◆ Financial Institution

The term "Financial Institution" means a Custodial Institution, a Depository Institution, an Investment Entity, or a Specified Insurance Company as defined below:

- Custodial Institution: Any Entity that holds, as a substantial portion of its business, financial assets for the account of others.
- Depository Institution: Any Entity that accepts deposits in the ordinary course of a banking or similar business.
- Investment Entity: Any Entity that conducts as a business (or is managed by an entity that conducts as a business) one or more of the following activities or operations for or on behalf of a customer:
 1. Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading;
 2. Individual and collective portfolio management; or
 3. Otherwise investing, administering, or managing funds or money on behalf of other persons.

◆ Exempt Beneficial Owner

The term "Exempt Beneficial Owner" means:

- Governmental Entity
- International Organization
- Central Bank
- Pension Fund of an Exempt Beneficial Owner
- Investment Entity wholly owned by Exempt Beneficial Owners

◆ Participating Foreign Financial Institution (PFFI)

A Participating Foreign Financial Institution is a FFI that enters into an agreement with the US Internal Revenue Service (IRS) to undertake certain due diligence, withholding and reporting requirement for US account holders, including an FFI that is treated as a Reporting FI under a Model 2 IGA and that is certifying that it will comply with the terms of an FFI Agreement, as modified by the terms of the applicable Model 2 IGA.

Please read these instructions carefully before completing the form

Portfolio No
(For Official Use Only)

Chapter XI(A) of Income Tax Rules, 2002 and Regulations based on the OECD Common Reporting Standard (CRS) require Pak-Qatar Asset Management Limited to collect and report certain information about an account holder's tax residency. If the account holder's tax residence is located outside Pakistan and/or United States of America (USA), we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to Federal Board of Revenue (FBR) and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

Where the Account Holder is a Passive NFE, or an Investment Entity located in a Non-Participating Jurisdiction managed by another Financial Institution, please also complete "CRS Tax Residency Self Certification Form for Controlling Persons". You can find summaries of defined terms in the Glossary of Terms provided at page 3 of this form.

Please complete this form if account holder is entity i.e. legal person or a legal arrangement, such as a company, corporation, organisation, partnership, trust, foundation, NGO, NPO, etc.

This form will remain valid unless there is a change in circumstances relating to information, such as the account holder's tax status or other information that makes this form incorrect or incomplete. In that case you must notify us and provide an updated self certification.

Legal Name of Entity	Country of Incorporation or Organisation

PART 1	ENTITY TYPE
Please tick (✓) ONE box only in this part.	

1.1 Financial Institution

A <input type="checkbox"/>	Depository Institution, Custodial Institution or Specified Insurance Company (e.g. Bank, Life Insurance Co., etc.)
B <input type="checkbox"/>	An Investment Entity (Investment Co, Mutual Fund, Asset Management Co, Brokerage House, etc.) If you have ticked box A or B, please proceed to Part 4

1.2 Active Non-Financial Entity - Active NFE

A <input type="checkbox"/>	Active NFE - A company/corporation whose shares are regularly traded on one or more established securities markets
B <input type="checkbox"/>	Active NFE - Related entity of a company/corporation whose shares are regularly traded on one or more established securities markets
C <input type="checkbox"/>	Active NFE - A Government Entity, an International Organisation (e.g. United Nations or NATO) or a Central Bank If you have ticked box A, B or C, please proceed to Part 4
D <input type="checkbox"/>	Active NFE - The entity is an Active NFE other than above (for example a non-profit NFE, NGO, Trust or a Manufacturing/Trading/Service entity which derives more than 50% of gross income and assets from active income, like sales of goods and/or services) If you have ticked box D, please proceed to Part 2

1.3 Passive Non-Financial Entity - Passive NFE

A <input type="checkbox"/>	Passive NFE (i.e. more than 50% of its gross income from Passive Income, for instance: Interest, dividend, return on investments)
B <input type="checkbox"/>	An Investment Entity incorporated/located in a Non-CRS Participating Jurisdiction and managed by another Financial Institution
<p>If you have ticked box A or B in section 1.3, please provide the name of all Controlling Persons of the entity, proceed to Part 2 and also complete "CRS Tax Residency Self Certification Form for Controlling Persons".</p> <p>Name of Controlling Person(s) _____</p> <p>_____</p>	

PART 2 CRS - DECLARATION OF TAX RESIDENCYIs entity a tax resident of Pakistan or/and USA **ONLY?**☐ Yes (Proceed to Part 4)☐ No (Proceed to Part 3)**PART 3 COUNTRY OF RESIDENCE FOR TAX PURPOSE**

Please complete the following table indicating (i) the country where the Account Holder is resident for tax purposes and (ii) the Account Holder's Taxpayer Identification Number (TIN) or functional equivalent for each country indicated. Please refer to the OECD website for more information on tax residency <http://www.oecd.org/tax/automatic-exchange/crsimplementation-and-assistance/tax-residency/>

If Tax Identification Number (TIN) is not available, please tick (✓) the appropriate box with reason A, B or C as defined below and provide Supporting Evidence:

Reason A - The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents

Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please provide reasons if this is selected)

Reason C - No TIN is required (Note: Only select this reason, along with evidence, if the domestic law of the relevant country does not require the collection of the TIN issued by such country)

	Country(ies) of Tax Residence	TIN or Equivalent	Tick (✓) ONE only (If TIN is not available)		
			Reason A	Reason B	Reason C
1					
2					
3					

If Reason B selected, please explain in the following box(es) why entity is unable to obtain a TIN or Functional Equivalent

1	
2	
3	

PART 4 DECLARATION AND SIGNATURE

I/We understand that the information supplied by us/me is covered by the full provisions of the terms and conditions governing the Account and share the information supplied by us/me. We/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/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information. Holder's relationship with Pak-Qatar Asset Management Company Limited setting out how Pak-Qatar Asset Management Company Limited use

I/We declare that all statements made in this declaration are, to the best of our/my knowledge and belief, correct and complete. We/I undertake to submit a suitably updated Form within 30 days of any change in circumstances which affects the tax residency status or where any information contained herein to become incorrect.

Company Secretary/Authorized Signatories

Name: _____

Signature: _____

Name: _____

Signature: _____

PAK-QATAR
ASSET MANAGEMENT

اليقطين

Today, for a Better Tomorrow

برائے مہربانی نقد رقم دینے سے پرہیز کریں۔
 لہذا کراس چیک یا آن لائن ٹرانسفر کے ذریعے ادائیگی کریں۔

Date	Month	Year			
			Portfolio No.:		
PRINCIPAL ACCOUNT HOLDER					
Name(as per CNIC) Mr. /Mrs. /Ms. /Ms					
Contact No.					
Investment Detail					
Name of Fund	Type	Amount in Rs.	Amount in Words		
Payment Instrument Details					
Date	Cheque No. / Online Transfer	Bank Name	Branch		
For Monthly/Quarterly Saving Plan Payment Options				Frequency of Payment	
<input type="checkbox"/> 100% Profit <input type="checkbox"/> 90% Profit periodically & remaining at financial year end				<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
<input type="checkbox"/> 90% Profit with capital growth <input type="checkbox"/> Systematic withdrawal Rs. _____ <i>(In case of fixed withdrawal amount, principal amount may be diminished)</i>				<input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually (for MSF)	
I authorize PQAMCL to redeem my units to pay requested amount at regular interval based in the above instruction. I/We authorized CDC Trustee to pay % on my investment to The Indus Hospital PQAMCL Indus Hospital Support Plan.					
Units Mode Holdings (Optional)		<input type="checkbox"/> Account Statement <input type="checkbox"/> Physical Units <input type="checkbox"/> CDS Account (mention details below)			
CDS Information: Participant/IAS ID:			Client / House / Investor A/c #:		
Cooling Off Rights for Investor					
<ul style="list-style-type: none">Individual investor(s) can claim refund of their first time investment in a fund (cooling off right) along with deducted front end (if any) within the cooling off period, however this refund will be subject to the deduction of any applicable contingent load (back end load) and taxes.Cooling off period shall be three business day commencing from the date of issuance of Investment Acknowledgment Letter.Refund can be obtained by submitting written request at any of PQAMCL office/branch.The units held will be redeemed at the redemption price applicable on the date of submission of request (as per applicable cut off timings) and payment will be made within 6 business days.					
Note:					
<ul style="list-style-type: none">Please write your Portfolio No. (if any) or CNIC No. (In case of new investors) on the front of cheque. • In any case cash will not be accepted. If the cheque is returned unpaid, the transaction of that will be rejected. • For Name and type of Funds please refer to the next page.Please prepare payment instrument-CDC Trustee (fund name/plan name)					
Declaration and Specimen Signature of Account Holder(s)					
I/We hereby confirm that all information provided in this form is true and correct to the best of my/our knowledge. I/We confirm that the representative of PQAMCL/distributor has explained the features and risk of the product and I/we have understood these features and risks in which I/we have agreed to invest. I/We agree that I/we shall assume sole responsibility for determining the merits or suitability of any and all advice and/or recommendations of PQAMCL before relying on the same to enter into any transaction. I/We will not hold PQAMCL responsible for any loss which may occur as a result of my/our decision. I/We further confirm that I/We have read the Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern these Investment transactions. I/We have been fully informed and understand that investment in units of mutual funds/CIS are not bank deposits, not guaranteed and not issued by any person. Shareholders of AMCs are not responsible for any loss to investor resulting from the operations of any CIS launched/to be launched by AMCs unless otherwise mentioned. I/We also confirm having the knowledge of applicable load percentages specified on the page 2 of this form.					
_____ Signature of Principal / Joint Account Holder(s) with rubber stamp in case of Institutional Clients					
Form Received By	Name & Signature of Reporting Agent		Signature and Stamp of Distributor		
Order Number	_____				
Reporting Date	Trade Authorized by		Signature and Stamp of Transfer Agent		
Order Authorized by	_____				
DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(s):					
I/We have read and understood the Fund Manager Report, associated charges and the Risk Level of the invested fund as mentioned above.					
_____ Signature of Principal / Joint Account Holder(s) (with rubber stamp in case of Institutional Clients)					

Name of Funds	Risk Profile	Account Payee Title
<ul style="list-style-type: none"> Pak-Qatar Islamic Stock Fund 	High	CDC Trustee Pak-Qatar Islamic Stock Fund
<ul style="list-style-type: none"> Pak-Qatar Islamic Income Fund <ul style="list-style-type: none"> - Pak-Qatar Monthly Income Plan (PQMIP) - Pak-Qatar Income Plan (PQIP) - Pak-Qatar Khalis Bachat Plan (PQKBP) 	Moderate	CDC Trustee Pak-Qatar Monthly Income Plan CDC Trustee Pak-Qatar Income Plan CDC Trustee Pak-Qatar Khalis Bachat Plan
<ul style="list-style-type: none"> Pak-Qatar Islamic Cash Fund <ul style="list-style-type: none"> - Pak-Qatar Daily Dividend Plan (PQDDP) - Pak-Qatar Cash Plan (PQCP) - Pak-Qatar Asan Munafa Plan (PQAMP) 	Low	CDC Trustee Pak-Qatar Daily Dividend Plan CDC Trustee Pak-Qatar Cash Plan CDC Trustee Pak-Qatar Asan Munafa Plan