

Account Opening Form
for Individual

Day	Month	Year

For Office Use Only

Portfolio No.:

NOTE: ALL FIELDS IN THE FORM ARE MANDATORY UNLESS MENTIONED OTHERWISE. FILL IN THE BLOCK LETTERS WITH BLUE/BLACK PEN

TYPE OF ACCOUNT:			<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Minor		
PRINCIPAL ACCOUNT HOLDER			(As per Identity Document i.e. CNIC/Passport)		
Name Mr./Mrs./Ms.					
Father's/Husband's Name:			Mother's Maiden Name		
CNIC/NICOP/Passport No:			Issuance Date		
<input type="checkbox"/> Single <input type="checkbox"/> Married			<input type="checkbox"/> Muslim <input type="checkbox"/> Non Muslim		
Nationality:			Dual Nationality: <input type="checkbox"/> No <input type="checkbox"/> Yes		
Current Address:			City:		
Permanent Address:			City:		
Residential Status:			<input type="checkbox"/> Pakistan Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Resident Foreign National <input type="checkbox"/> Non-Resident Foreign National		
CONTACT DETAILS					
Email:					
Tel Res/Office:			Mobile:		
IN CASE OF MINOR ACCOUNT			Name of Guardian:		
Relation with Principal:			Guardian CNIC:		
Bank Account Detail of Principal Account Holder for Redemption and Dividend Payments					
Bank Account No. (IBAN preferred)					
Bank Name:			Branch:		
JOINT ACCOUNT HOLDERS			(Only Applicable for Joint Accounts)		
Joint Holder 1			Relation with Principal:		
Name			Customer ID (if any):		
CNIC/NICOP/Passport:			Issuance Date		
Joint Holder 2			Relation with Principal:		
Name:			Customer ID (if any):		
CNIC/NICOP/Passport:			Issuance Date		
ACCOUNT OPERATING INSTRUCTION			(For Joint Account Only)		
<input type="checkbox"/> Principal Account Holder Only			<input type="checkbox"/> Either or Survivor		
DIVIDEND MANDATE					
Cash Dividend:			Stock Dividend:		
KYC DETAILS OF PRINCIPAL ACCOUNT HOLDER			(Mandatory for Compliance as per Regulatory requirements)		
Source of Income			<input type="checkbox"/> Business/Self-Employed <input type="checkbox"/> Salary <input type="checkbox"/> Pension <input type="checkbox"/> Rent <input type="checkbox"/> Profit/Dividend <input type="checkbox"/> Other		
Source of Wealth			<input type="checkbox"/> Inheritance <input type="checkbox"/> Remittances <input type="checkbox"/> Savings <input type="checkbox"/> Stocks/Investment <input type="checkbox"/> Other		
Name of Employer/Business (if Applicable):					
Designation:			Nature of Business:		
Education			<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> Professional <input type="checkbox"/> Other		
Annual Income			<input type="checkbox"/> Up to Rs. 1 M <input type="checkbox"/> Rs. 1 M to Rs. 3 M <input type="checkbox"/> Rs. 3 M to Rs. 6 M <input type="checkbox"/> Rs. 6 M to Rs. 8 M <input type="checkbox"/> Rs. 8 M to Rs. 10 M <input type="checkbox"/> Above Rs. 8 M		

Account Opening Form for Individual

Please Select as applicable	Principal		Joint 1		Joint 2	
• Has any Financial Institution ever refused to open your (customer) account?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
• Are you (customer) financially dependent or supported by another person?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
• Do you (customer) deal in high value items such as Gold, Silver, Diamond etc.?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
• Customer's source of Wealth/Income is High Risk/Cash Incentive.	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Are you a Politically Exposed Person (PEP) i.e. have you ever been entrusted with the functions either in Pakistan/ Abroad or have you ever been the family member* or close associate** of PEP (as below) any of these person(s)	Principal		Joint 1		Joint 2	
• Head of State/Government	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
• Federal or Provincial Minister/Advisers	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
• Senior Position in a Political Party/Senior Politician	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
• Senior Government Official	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
• Senior Judicial Officer	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
• Senior Military Officer LT General or above/Air Vice Marshal or above/Vice Admiral or above	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
• Senior Executive or Head of Departments of State Owned Corporations	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
• Senior Executive of International Organization (such as UN, IMF, World Bank etc)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
• Member of Board of State Owned/International Organization	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
• Member of National/Provincial Assemblies/ Senate (current as well as previous)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
• Political Party Officials	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
• Any Other (please specify)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes

* Family members include spouse and lineal ascendants and descendants.

** Close associates means any natural person who is known to hold;

(i) an individual known to have joint beneficial ownership of a legal person or a legal arrangement or any other close business relations with a PEP;

(ii) an individual(s) who have joint beneficial ownership of a legal person or a legal arrangement which is known have been set for the benefit of a PEP;

(iii) an individual who is reasonably known to be closely connected with the PEP for any other reason, including socially or professionally.

NEXT OF KIN (Optional)	
Name	
Contact Number	Relation with Customer
Address	

BENEFICIARY DETAILS	
If you are acting and investing on behalf of any other person (ultimate beneficiary), please provide the following details of ultimate beneficiary;	
Name of Ultimate Beneficiary	
Relation with Customer	CNIC/NICOP/Passport No:
Please provide copy of CNIC/NICOP/Passport as applicable.	
Note: Ultimate beneficiary is an individual who has any legitimate relationship with the customer. If you do not disclose the ultimate beneficiary, you undertake that you are the ultimate beneficial owner of the invested funds.	

Where did you hear about us (Optional)	<input type="checkbox"/> Newspaper/Advertising	<input type="checkbox"/> Email/SMS	<input type="checkbox"/> Team Member of PQAMCL	<input type="checkbox"/> Social Media	<input type="checkbox"/> Telemarketing
	<input type="checkbox"/> Distributors	<input type="checkbox"/> Website	<input type="checkbox"/> Others: Please specify		

Principal Account Holder	Joint Account Holder 1	Joint Account Holder 2

RISK PROFILE DETAILS		(Points Allocated with each category)
Age (in years)	<input type="checkbox"/> 1. Below 40 <input type="checkbox"/> 2. 40-50 <input type="checkbox"/> 3. 50-60 <input type="checkbox"/> 4. Above 60	
Risk-Return Tolerance Level	<input type="checkbox"/> 1. Lower Risk, Lower Returns <input type="checkbox"/> 4. Medium Risk, Medium Returns <input type="checkbox"/> 8. Higher Risk, Higher Returns	
Monthly Savings	<input type="checkbox"/> 2. Rs. 1,000-Rs. 25,000 <input type="checkbox"/> 3. Rs. 25,000-Rs. 50,000 <input type="checkbox"/> 4. Above Rs. 50,000	
Occupation	<input type="checkbox"/> 1. Retired <input type="checkbox"/> 2. Housewife/Student <input type="checkbox"/> 3. Salaried <input type="checkbox"/> 4. Self Employed / Business	
Investment Objective	<input type="checkbox"/> 2. Cash Management <input type="checkbox"/> 4. Monthly Income <input type="checkbox"/> 8. Capital Growth/Long Term Savings/Retirement	
Your literacy level of Financial Markets & Investment products.	<input type="checkbox"/> 2. Limited/Basic/Average <input type="checkbox"/> 3. Good/Excellent	
Investment Horizon	<input type="checkbox"/> 2. Less than 6 months <input type="checkbox"/> 4. 6 months to 1 year <input type="checkbox"/> 6. 1 to 3 years <input type="checkbox"/> 8. More than 3 years	

Account Opening Form
for Individual

GUIDELINES FOR INVESTORS

☒ Read and Understood

- Ensure that Bank Details, Email Address, Contact Number and other information are properly mentioned on the form.
- Ensure that you have reviewed the Fund Manager Report (FMR).
- PQAMCL does not offer any kind of fixed return on investments and all the investments are subject to market risk.
- You will receive a Welcome Letter on your provided address after materialization of Investment Account.
- You will receive an Investment Acknowledgment Letter on your provided email address after materialization of Investment amount.
- You will receive Daily/Monthly E-Statement on your provided email address (as applicable).
- In case of Minor account, it is the responsibility of the successor (where guardian is deceased) to distribute the shares among all other legal heirs in light of applicable Shariah guidelines as per your Fiqha following.
- In-case of singly operated (CIS) account, the deceased claim can only be made through Succession Certificate.

Note: In case of deficiency observed in any of the above provided information, the customer has to inform PQAMCL by calling on our UAN 111-PQAMCL (772-625) or emailing on info@pqamcl.com
If no deficiency or discrepancy reported, PQAMCL will not be responsible for the caused losses

NOTE AND DECLARATION STATEMENTS

I/We hereby confirm that all information provided in this form is true and correct to the best of my/our knowledge including my KYC details. I/We understand and agree that Pak-Qatar Asset Management Company Limited (PQAMCL) has suggested me a specific fund category as per my risk profile. However, I/We reserve the discretion to invest in any other fund category. I/We confirm that I/We am/are aware of associated risks with investment in this fund category and confirm that 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 also confirm having the knowledge of applicable load percentages specified on the second page of the investment form.

Principal Account Holder

Joint Account Holder 1

Joint Account Holder 2

For Office Use Only

APPLICATION CHECK LIST

(to be filled by Sales Officer)

Individual

☐ Copy of CNIC(s)

☐ Business/Employment proof

☐ Zakat Declaration (where applicable)

☐ Others

☐ CRS

☐ Health Questionnaire (where applicable)

☐ FATCA Form

Sales Person's Name (Preparer)	DAO Code	Sales Person's Signature	Signature and Stamp of Distributor
Manager's Name and Signature (Reviewer)	Name & Signature of Reporting Person	Reporting Date	Signature and Stamp of Transfer Agent

REMARKS

The foreign Account Tax Compliance Act (FATCA) was signed into U.S law on March 18,2010, it is aimed at preventing U.S. taxpayers from using accounts held outside of the U.S. to evade taxes. Any financial institution that fails to comply with FATCA will face a 30% withholding tax on a wide range of U.S. sourced payments to its clients. Under U.S. federal tax law, Pak-Qatar Asset Management Company Limited. (PQAMCL) is required to request certain taxpayer information from certain person who maintain an account at PQAMCL(whether such persons are U.S. Taxpayers or not). Information collected will be used solely to fulfill PQAMCL's requirements under U.S. federal tax law and will not be used for any other purpose

SECTION A

(1) This section must be completed by any individual who wishes to open an account.

(2) Please complete this form for Principal account holder only. In case of Minor, the form should be filled by Guardian for himself as well as for the Minor.

A. Title of Account (IN BLOCK LETTERS) _____

B. CNIC#: _____

C. Customer ID (for office use only): _____

D. Country of tax residence other than Pakistan: ☐ None ☐ USA ☐ Other _____

E. Place of Birth: City _____ State _____ Country _____

Please tick (✓) on appropriate check box		Documentation Required
1. Are you a US Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide Form W-9.
2. Are you a US Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you hold a US Permanent Resident Card (Green Card)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Were you born in USA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <ul style="list-style-type: none"> Please provide Form W-9, or In case you claim to be a Non-US Person; please fill Section B of this form and provide Non-US Passport and Certificate of Loss of Nationality (i.e. Form I-407).
5. Standing instructions to transfer funds to an account maintained in USA	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <ul style="list-style-type: none"> Please provide Form W-9, or In case you claim to be a Non-US Person; please fill Section B of this form supported by other documentary evidence establishing the non-US status.
6. Do you have any Power of Attorney/ Authorized Signatory/ Mandate holder having US Address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Do you have US residence/ mailing / Sole Hold Mail address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <ul style="list-style-type: none"> Please provide Form W-9, or In case you claim to be a Non-US Person; please fill Section B of this form and provide non-US Passport and other documentary evidence establishing the non-US status.
8. Do you have US telephone number?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B

This Section must be filled by any individual who mark(s) any of the item number 4, 5, 6, 7 & 8 as 'Yes' but claims to be a Non-US Person along with documentry evidence.

I _____ declare that I have examined the information of this form and to the best of my knowledge and belief it is true, correct and complete. I further certify that i am not a US person and will provide form W-8BEN within 30 calendar days if required by IRS through PQAMCL. I undertake to notify PQAMCL within 30 days if this certification becomes incorrect.

Signature: _____

Declaration:

I hereby confirm the information provided above is true, accurate and complete. Subject to applicable local laws, I hereby consent for PQAMCL to share my information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in any jurisdiction. Where required by domestic or overseas regulators or tax authorities, I consent and agree that PQAMCL may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives. I undertake to notify PQAMCL within 30 calendar days if there is a change in any information which I have provided to PQAMCL. I 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.

Dated: _____

US Taxpayer Identification Number (in case of US Person): _____ Signature: _____

For Individuals, Joint Accounts (CRS-I)

 Customer ID
 (For Official Use Only)

located outside Pakistan and/or United States of America (USA), we may be legally obliged to pass on the information in this form and

Please read these instructions carefully before completing the form

Chapter XIIA of Income Tax Rules, 2002 and Regulations based on the OECD Common Reporting Standard (CRS) require PQAMCL to collect and report certain information about each person's tax residency. If your tax residence is located outside Pakistan and/or United State 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.

You can find summaries of defined terms in the Glossary of Terms.

Please complete this form if you are an individual, a sole trader or sole proprietor. Please use a separate form for each individual of a Joint Account. In case of Minor Account, guardian should complete this form on behalf of account holder i.e. minor.

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.

PART I ACCOUNT HOLDER INFORMATION	
Name of Investor:	Date of Birth:
Place of Birth:	City: Country:
Current Residence Address:	Mailing Address (Complete only if different from current address)
Address Line 1:	Address Line 1:
Address Line 2:	Address Line 2:
City:	City:
Province/State:	Province/State:
Country:	Country:

PART 2 CRS – DECLARATION OF TAX RESIDENCY (Please refer to Appendix – I for your tax residency status)	
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 I am tax resident of Pakistan or/and USA **ONLY**.

- ☐ Yes (Proceed to Part 4)
☐ No (Proceed to Part 3)

For Individuals, Joint Accounts (CRS-I)

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 you are unable to obtain a TIN or Functional Equivalent

1	
2	
3	

PART 4

DECLARATION 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 Pak-Qatar Asset Management Company Limited setting out how Pak-Qatar Asset Management Company Limited 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/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 v information.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete. 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.

I / We hereby allow/authorize Pak-Qatar Asset Management Company Limited (PQAMCL) to conduct NADRA Verisys against my Computerized National Identity Card (CNIC), provided by me in this form.

Investor's Signature _____ Date _____

Investment Application Form



Kindly Avoid Cash Transaction, therefore please make the payment through Cross Cheque or Online Transfer.

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

Day	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. _____ (In case of fixed withdrawal amount, principal amount may be diminished)					<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.									
I acknowledge that I have read the Key Fact Statment 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.									
_____ Signature of Principal / Joint Account Holder(s) (with rubber stamp in case of Institutional Clients)									



Account Opening Form (for Individual)

Name of Funds	Risk Profile	Account Payee Title	Sales Load (Up to)
• Pak-Qatar Islamic Stock Fund	High	CDC Trustee Pak-Qatar Islamic Stock Fund	3.00%
• Pak-Qatar Islamic Income Fund	Moderate		
- Pak-Qatar Monthly Income Plan (PQMIP)		CDC Trustee Pak-Qatar Monthly Income Plan	3.00%
- Pak-Qatar Income Plan (PQIP)		CDC Trustee Pak-Qatar Income Plan	3.00%
- Pak-Qatar Khalis Bachat Plan (PQKBP)		CDC Trustee Pak-Qatar Khalis Bachat Plan	3.00%
• Pak-Qatar Islamic Cash Fund	Low		
- Pak-Qatar Daily Dividend Plan (PQDDP)		CDC Trustee Pak-Qatar Daily Dividend Plan	3.00%
- Pak-Qatar Cash Plan (PQCP)		CDC Trustee Pak-Qatar Cash Plan	3.00%
- Pak-Qatar Asan Munafa Plan (PQAMP)		CDC Trustee Pak-Qatar Asan Munafa Plan	3.00%
• Pak-Qatar Islamic Asset Allocation Fund	Moderate		
- Pak-Qatar Asset Allocation Plan IA (PQAAP IA)		CDC Trustee – PakQatar AAP IA	3.00%
- Pak-Qatar Asset Allocation Plan IIA (PQAAP IIA)		CDC Trustee – PakQatar AAP IIA	3.00%

TO BE FILLED BY INVESTOR

I/We confirm that I/we am/are investing in _____ Fund and the risk level of this fund is mentioned in the table given above. I/We confirm that I/We will not hold PQAMCL responsible for any loss which may occur as a result of my/our decision. I/We further agree that PQAMCL has advised us to select a specific fund category as per my/our risk profile. However, I/we reserve the discretion to invest in any other fund category. I/we further confirm that I/we have read the Fund Manager Report, Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern these investment/conversion transaction.

Dated

Signature of Principal / Joint Account Holder(s)

Declaration and Specimen Signature of the Sales Person

I, _____, hereby confirm the following:

- I have explained the risk of the fund being sold to investor
- I have explained that the principal is at risk (in case of high risk funds) and the investor can lose money
- I have not made or implied any guarantee with respect to return or investment amount
- I have not quoted an xed return percentage or amount to the investor
- I have shown all the relevant material before finalizing the investments (i.e. FMR, Marketing Material etc)

Name & Signature of Sales Agent

Name & Signature of Immediate Supervisor

Date

Date