

Investment Application Form (For Individuals)



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

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

Day	Month	Year

Portfolio No.:	
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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"/> 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"/> Quarterly	
								<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 PQMACL 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 PQMACL 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.									
_____ 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)									

