MCB FUNDS
Investments for Life

Account Upgrade Form

To upgrade account from Sahulat Sarmayakari (Rs.1 Million) to Unlimited Account Level

Please ensure that your application form/cheque is completely filled and signed before handing it over to our representative. We will notify you through email and SMS upon receipt of the application form.

برائے مہربانی اس بات کو یقینی بنایئے کہ آپ کا درخواست فارم/چیک ہمارے نمائندے کو دینے سے قبل مکمل طریقے سے پُر اور دستخط شدہ ہو۔ درخواست فارم موصول ہونے پر ہم آپ کو بذریعہ ای میل اور ایس ایم ایس مطلع کریں گے۔

DATE: _____ Please write in block letters using black ink

1. INVESTOR DETAILS

TITLE OF INVESTOR ACCOUNT			
INVESTOR REGISTRATION NUMBER		CNIC/ NICOP/ PASSPORT No./ B-FORM NO.	

2. CONTACT DETAILS (Most Important and Mandatory Information)

(Most Important and Mandatory Information)

RESIDENTIAL ADDRESS							
CITY / DISTRICT		POSTAL CODE		COUNTRY			
OFFICE/ BUSINESS ADDRESS							
CITY / DISTRICT		POSTAL CODE		COUNTRY			
MAILING ADDRESS (select one)	☐ RESIDENTIAL ADDRESS	OR	☐ OFFICE/ BUSINESS ADDRESS				
TELEPHONE No.	RES.	OFF.		EXT.		FAX No.	
EMAIL ADDRESS						MOBILE No.	

(Most Important and Mandatory Information)

3. KNOW YOUR CUSTOMER (KYC)

EDUCATION

☐ Under Graduate ☐ Graduate ☐ Post Graduate ☐ Professional Qualification ☐ Shariah Qualification
☐ Technical Qualification ☐ Illiterate

OCCUPATION

☐ Armed Forces Service (A) ☐ Business/ Self-Employed (B) ☐ Government Service (C)
☐ Private Service (D) ☐ Retired/ Pensioner (E) ☐ Unemployed/ House wife (F)

NAME AND ADDRESS OF EMPLOYER / EX-EMPLOYER/ BUSINESS / SHOP
(TO BE FILLED IN CASE OF A, B, C, D & E)

DESIGNATION
(TO BE FILLED IN CASE OF A,C, D & E)

GRADE/ RANK
(TO BE FILLED IN CASE OF A, C, & E)

NATURE OF BUSINESS
(TO BE FILLED IN CASE OF B)

PROFESSION

☐ Accountant	☐ Advocate/ Lawyer	☐ Agriculturist/ Dairy Farmer	☐ Antique Dealer	☐ Architect	☐ Artist
☐ Auditor	☐ Banker	☐ Bureaucrat	☐ Technician	☐ Distributor/Agent	☐ Doctor
☐ Economist	☐ Electrician	☐ Engineer	☐ Gems Dealer	☐ Importer/ Exporter	☐ IT Professional
☐ Jeweller	☐ Journalist	☐ Judge	☐ Labourer	☐ Landlord	☐ Manufacturer
☐ Soldier	☐ Student	☐ Mechanic	☐ Media Person	☐ Notary Public	☐ Nurse
☐ Transporter	☐ Wholesaler	☐ Pharmacist	☐ Plumber	☐ Police Officer	☐ Real Estate Agent
☐ Scientist	☐ Real Estate Builder	☐ Welfare/ Social Worker	☐ Teacher	☐ Real Estate Developer	☐ Retailer/ Shop Keeper
☐ Partner In Legal / Professional Firm		☐ Legal/ Financial/ Tax Consultant			☐ Partner in Business Partnership

☐ Other If "Others" is selected then please specify _____

SOURCE(S) OF INCOME/ FUNDS (MULTIPLE SELECTIONS CAN BE MADE)

☐ Salary Income	☐ Business Income	☐ Rental Income	☐ Savings	☐ Stocks/ Investments
☐ Proceeds from Inheritance	☐ Agriculture Income	☐ Monthly Pension	☐ Gift Proceeds	☐ Remittances from Third Party
☐ Sale Proceeds of Property	☐ Remittances from Family Member			☐ Sale Proceeds of Furniture, Fixtures & Equipment
☐ Sale Proceeds of Vehicle	☐ Retirement Benefits (Provident Fund/ Gratuity,etc.)			☐ Student receiving Funds from Blood Relative
☐ Housewife receiving Funds From Husband/ Chlid/ Blood Relative				

ANNUAL INCOME

☐ Below Rs. 1,000,000/-	☐ From Rs. 1,000,000/- TO RS. 2,500,000/-	☐ From Rs. 2,500,001/- TO RS. 5,000,000/-
☐ From Rs. 5,000,001/- TO RS. 7,500,000/-	☐ From Rs. 7,500,001/- TO RS. 10,000,000/-	☐ From Rs. 10,000,001/- TO RS. 12,500,000/-
☐ From Rs. 12,500,001/- TO RS. 15,000,000/-	☐ From Rs. 15,000,001/- TO RS. 20,000,000/-	☐ From Rs. 20,000,001/- TO RS. 25,000,000/-
☐ Above Rs. 25,000,000/-		

ARE YOU OR HAVE YOU EVER BEEN ENTRUSTED WITH THE FOLLOWING FUNCTIONS EITHER IN PAKISTAN OR ABROAD?	YES	NO	ARE YOU OR HAVE YOU EVER BEEN THE FAMILY MEMBER OR CLOSE ASSOCIATE OF ANY OF THESE PERSON(S)?	YES	NO
HEAD OF STATE			HEAD OF STATE		
HEAD OF GOVERNMENT			HEAD OF GOVERNMENT		
SENIOR POLITICIAN			SENIOR POLITICIAN		
SENIOR GOVERNMENT OFFICIAL			SENIOR GOVERNMENT OFFICIAL		
SENIOR JUDICIAL OFFICIAL			SENIOR JUDICIAL OFFICIAL		
SENIOR MILITARY OFFICIAL			SENIOR MILITARY OFFICIAL		
SENIOR EXECUTIVE OF STATE OWNED CORPORATIONS			SENIOR EXECUTIVE OF STATE OWNED CORPORATIONS		
IMPORTANT POLITICAL PARTY OFFICIAL			IMPORTANT POLITICAL PARTY OFFICIAL		
SENIOR EXECUTIVE OF INTERNATIONAL ORGANIZATION			SENIOR EXECUTIVE OF INTERNATIONAL ORGANIZATION		
MEMBER OF THE BOARD OF INT'L ORGANIZATION			MEMBER OF THE BOARD OF INT'L ORGANIZATION		

HAS YOUR ACCOUNT EVER BEEN REFUSED BY ANY FINANCIAL INSTITUTION IN PAKISTAN OR ABROAD? YES ☐ NO ☐
IF YES THEN PLEASE EXPLAIN REASON FOR REFUSAL:

Principal Applicant Signature

OR

Only for investor having thumb impression or unstable / shaky / immature signature

(Left Hand Thumb Impression (male)/
Right hand thumb impression (female)
Attestation required as mentioned on Page No. 02

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KNOW YOUR CUSTOMER (KYC) Cont...

IF YOU ARE ACTING AND INVESTING ON BEHALF OF ANY OTHER PERSON (ULTIMATE BENEFICIARY) THROUGH PHYSICAL PAYMENT INSTRUMENT, PLEASE PROVIDE THE FOLLOWING DETAILS OF THE ULTIMATE BENEFICIARY. NOTE: ULTIMATE BENEFICIARY IS NOT NOMINEE OF THE CUSTOMER. ULTIMATE BENEFICIARY IS AN INDIVIDUAL WHO HAS ANY LEGITIMATE RELATIONSHIP WITH THE CUSTOMER AND PROVIDING FUNDS FOR INVESTMENT PURPOSES. IF YOU DO NOT DISCLOSE THE ULTIMATE BENEFICIARY, WE WILL ASSUME THAT YOU ARE THE ULTIMATE BENEFICIAL OWNER OF THE FUNDS INVESTED.	YES ☐ NO ☐
NAME OF THE ULTIMATE BENEFICIARY	
CNIC/NICOP/ PASSPORT NUMBER	
RELATIONSHIP WITH THE CUSTOMER	

DECLARATION: I HEREBY DECLARE THAT THE INFORMATION PROVIDED IN THIS FORM IS CORRECT, COMPLETE AND UP-TO-DATE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THE DOCUMENTS SUBMITTED ALONG WITH THIS FORM ARE COMPLETE AND VALID IN ALL RESPECTS. I WILL INFORM THE MANAGEMENT COMPANY IF THERE IS ANY CHANGE IN ABOVE-MENTIONED INFORMATION.

4. DECLARATION AND SIGNATURES

1. I/ We, the undersigned, hereby declare that:
(a) the information provided in this Account Upgrade Form is correct, complete and up-to-date to the best of my/ our knowledge and belief and the documents submitted along with this Account Upgrade Form are complete and valid in all respects;
(b) I/We understand that investment in the Scheme will be subjected to Zakat deduction if duly executed Zakat Affidavit (CZ-50) is not submitted to the Management Company; and
(c) I/We understand that the amount withheld by the Management Company on account of Capital Gain Tax (CGT) against disposal, in any form, of my/our holdings can be less than that as calculated by NCCPL. In this case, the differential amount shall be collected from my/our investment account in accordance with the relevant laws.
(d) I/We understand that the Management Company reserves the right to obtain identity verification services (Biometric/NADRA Verisys) from NADRA to confirm my/our identification document(s). I/We hereby allow the Management Company to confirm my/our identity using identity verification services of NADRA. I/We will not hold the Management Company liable or responsible in any manner.
(e) I/We hereby allow the Management Company to verify my/our bank account number(s) and mobile number(s)through independent sources. I/We will not hold the Management Company liable or responsible in any manner.

CURRENT PRINCIPAL APPLICANT'S SIGNATURE	OR	LEFT HAND THUMB IMPRESSION (MALE) / RIGHT HAND THUMB IMPRESSION (FEMALE)	PRINCIPAL APPLICANT'S SIGNATURE AS PER CNIC/ NICOP/ PASSPORT	In case of investor having thumb impression or unstable/shaky/immature signature, Attestation of gazetted officer (BPS-17 and above)/ branch manager of the bank/ notary public/ authorized officer of the MCBIM and two adult male witnesses shall be required. A passport size photograph will also be obtained from such investor.
				ATTESTATION

WITNESSES (ADULT MALE PERSONS ONLY)

NAME: _____

CNIC: _____

SIGNATURE: _____

NAME: _____

CNIC: _____

SIGNTAURE: _____

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5. CUSTOMER DUE DILIGENCE SECTION

(This Section should be filled by Sales Staff / Distributor / Authorized Representative in presence of the Customer)

TYPE OF ACCOUNT	Individual Account ☐ Joint Account ☐ Minor Account ☐
PURPOSE OF ACCOUNT	Investment & Savings
DATE OF VERIFICATION OF THE IDENTITY DOCUMENT	D D M M Y Y Y Y
DATE OF ISSUANCE ON THE IDENTITY DOCUMENT	D D M M Y Y Y Y
DATE OF EXPIRY ON THE IDENTITY DOCUMENT	D D M M Y Y Y Y
IS IDENTITY DOCUMENT WITHOUT PHOTOGRAPH?	YES ☐ NO ☐ (IF YES, PLEASE OBTAIN PASSPORT SIZE PHOTOGRAPH)
IS THERE ANY INDICATION THAT CUSTOMER IS PEP OR FAMILY MEMBER OF PEP OR CLOSE ASSOCIATE OF PEP?	YES ☐ NO ☐
IS THE CUSTOMER LINKED WITH NGO/ NPO/ CHARITABLE TRUST/ SOCIETY/ ASSOCIATON AS DIRECTOR OR TRUSTEE OR MEMBER OF GOVERNING BODY, ETC.?	YES ☐ NO ☐
IS THE CUSTOMER FOREIGN NATIONAL?	YES ☐ NO ☐
IS THE CUSTOMER BELONG TO CHAMAN, TORKHAM, TAFTAN OR FATA REGION? [FATA REGION INCLUDES BAJAUR AGENCY, MOHMAND AGENCY, KHYBER AGENCY, ORAKZAI AGENCY, KURRAM AGENCY, NORTH WAZIRISTAN AGENCY, SOUTH WAZIRISTAN AGENCY]	YES ☐ NO ☐

IS THE CUSTOMER INVOLVED IN ANY OF THE FOLLOWING DESIGNATED NON-FINANCIAL BUSINESSES AND PROFESSION (DNFBPs)?

REAL ESTATE AGENT, BUILDER OR DEVELOPER	YES ☐ NO ☐	DEALER IN PRECIOUS METALS INCLUDING JEWELLER	YES ☐ NO ☐
DEALER IN PRECIOUS STONES INCLUDING GEM DEALER	YES ☐ NO ☐	ANTIQUE DEALER	YES ☐ NO ☐
SELF EMPLOYED LAWYER/ ADVOCATE/ NOTARY	YES ☐ NO ☐	SELF EMPLOYED ACCOUNTANT/ AUDITOR	YES ☐ NO ☐
SELF EMPLOYED LEGAL/ FINANCIAL/ TAX CONSULTANT	YES ☐ NO ☐	PARTNER IN LEGAL/ PROFESSIONAL FIRM	YES ☐ NO ☐

IS THE CUSTOMER INVOLVED IN MONEY EXCHANGE BUSINESS, LOW PROFILE INTERNET BASED BUSINESS OR CRYPTO CURRENCY BUSINESS?	YES ☐ NO ☐
HAS THE CUSTOMER PROVIDED THE DETAILS OF ANY ULTIMATE BENEFICIARY?	YES ☐ NO ☐ (IF YES, PLEASE COMPLETE KYC FORMALITIES OF ULTIMATE BENEFICIARY)
EXPECTED TYPE OF COUNTER PARTIES	Self ☐ Self & Ultimate Beneficiary ☐ Ultimate Beneficiary Only ☐ Self and Employer ☐ Employer only ☐ Other ☐ If "Others" is selected then please specify _____
EXPECTED LOCATION OF COUNTER PARTIES	Within Pakistan ☐ Outside Pakistan ☐ If "Outside Pakistan" is selected then please specify country _____
EXPECTED SCHEMES IN WHICH THE CUSTOMER WOULD LIKE TO INVEST	All Schemes ☐ Shariah Compliant High Risk Schemes ☐ Shariah Compliant Medium Risk Schemes ☐ Shariah Compliant Low Risk Schemes ☐ Shariah Compliant Very Low Risk Schemes ☐ High Risk Schemes ☐ Medium Risk Schemes ☐ Low Risk Schemes ☐ Very Low Risk Schemes ☐
EXPECTED SERVICES WHICH THE CUSTOMER WOULD LIKE TO USE	All Services
EXPECTED DISTRIBUTION/ DELIVERY CHANNEL(S) WHICH THE CUSTOMER WOULD LIKE TO USE	All Channels ☐ ISAVE Online Portal Only ☐ Through Sales Agent Only ☐ Through Distributor Only ☐ ISAVE Online Portal & Sales Agent ☐ ISAVE Online Portal & Distributor ☐
NUMBER OF YEARS OF EXPERIENCE OF THE CUSTOMER AS AN EMPLOYEE OR BUSINESSMAN OR PARTNER OR SHOP KEEPER	
ANNUAL INCOME/ ANNUAL SALARY OF THE CUSTOMER	
ESTIMATED NET WORTH OF THE CUSTOMER (Annual income / Annual salary x 20% x No. of years of experience)	
EXPECTED INVESTMENT TRANSACTIONS IN A YEAR (RUPEES) (THIS FIGURE SHOULD COMMENSURATE WITH THE ESTIMATED NET WORTH & ANNUAL INCOME OF THE CUSTOMER)	UPTO RS. 500,000/- ☐ UPTO RS. 800,000/- ☐ UPTO RS. 1,000,000/- ☐ UPTO RS. 2,000,000/- ☐ UPTO RS. 3,000,000/- ☐ UPTO RS. 4,000,000/- ☐ UPTO RS. 5,000,000/- ☐ UPTO RS. 6,000,000/- ☐ UPTO RS. 7,000,000/- ☐ UPTO RS. 8,000,000/- ☐ UPTO RS. 9,000,000/- ☐ UPTO RS. 10,000,000/- ☐ ABOVE RS. 10,000,000/- ☐
EXPECTED NUMBER OF INVESTMENT TRANSACTIONS IN A YEAR	UPTO 5 ☐ UPTO 10 ☐ UPTO 15 ☐ UPTO 20 ☐ ABOVE 20 ☐
EXPECTED REDEMPTION TRANSACTIONS IN A YEAR (RUPEES)	UPTO RS. 500,000/- ☐ UPTO RS. 800,000/- ☐ UPTO RS. 1,000,000/- ☐ UPTO RS. 2,000,000/- ☐ UPTO RS. 3,000,000/- ☐ UPTO RS. 4,000,000/- ☐ UPTO RS. 5,000,000/- ☐ UPTO RS. 6,000,000/- ☐ UPTO RS. 7,000,000/- ☐ UPTO RS. 8,000,000/- ☐ UPTO RS. 9,000,000/- ☐ UPTO RS. 10,000,000/- ☐ ABOVE RS. 10,000,000/- ☐
EXPECTED NUMBER OF REDEMPTION TRANSACTIONS IN A YEAR	UPTO 5 ☐ UPTO 10 ☐ UPTO 15 ☐ UPTO 20 ☐ ABOVE 20 ☐
ANY OTHER INFORMATION ABOUT THE CUSTOMER	
OVERALL ASSESSMENT OF THE CUSTOMER	SATISFACTORY ☐ UNSATISFACTORY ☐

PREPARER:

NAME OF SALES AGENT / AUTHORIZED REPRESENTATIVE		SIGNATURE OF THE SALES AGENT	
CODE OF THE SALES AGENT / AUTHORIZED REPRESENTATIVE			

REVIEWER:

NAME OF SALES AGENT / AUTHORIZED REPRESENTATIVE		SIGNATURE OF THE SALES AGENT	
CODE OF THE SALES AGENT / AUTHORIZED REPRESENTATIVE			

MCB INVESTMENT MANAGEMENT LIMITED
Head Office: 2nd Floor, Adamjee House, I.I. Chundrigar Road, Karachi
UAN: (+92-21) 111 468 378 (111 INVEST)
URL: www.mcbfunds.com, **Email:** info@mcbfunds.com