MCB FUNDS
Investments for Life

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۔

PAKISTAN PENSION FUND ☐ ALHAMRA ISLAMIC PENSION FUND ☐ | Current Age | * Expected Retirement Age |

* If expected retirement age is not provided, it would be assumed seventy (70) years

LOAD DETAILS OF VOLUNTARY PENSION SCHEME

NAME OF VOLUNTARY PENSION SCHEME	TYPE OF SCHEME	FRONT-END LOAD
PAKISTAN PENSION FUND	CONVENTIONAL	3%
ALHAMRA ISLAMIC PENSION FUND	SHARIAH COMPLIANT	3%

DATE: _____ Please write in block letters using black ink

1. PARTICIPANT DETAILS (Mandatory Information)

PARTICIPANT APPLICANT'S NAME (as per CNIC / NICOP)	
FATHER'S/HUSBAND'S NAME	
CNIC / NICOP NO.	DATE OF BIRTH:
GENDER	MALE ☐ FEMALE ☐ TRANSGENDER ☐ — NTN NUMBER:
ZAKAT DEDUCTION	Yes ☐ No ☐ (If "No" please provide Zakat Affidavit)
MARITAL STATUS	SINGLE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED ☐ — MOTHER MAIDEN NAME:

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)

Participant Signature

3. STATEMENT OF ACCOUNT DELIVERY INSTRUCTIONS

Please select any ONE nature of correspondance as per your convenience

☐ **By Email** (Statement of Account will be sent on transactions, Monthly and Half Yearly) OR ☐ **By Post** (Statement of Account will be sent on Transactions and Semi Annually)

NOTE: If No option is selected, Statement of Account will be sent Half Yearly through email and if email is not available, statement will be sent through Post. The Company may charge fee for physical statement subject to the requirements of the Constitutive Documents of the Scheme.

4. BANK DETAILS

BANK ACCOUNT TITLE			
COMPLETE BANK ACCOUNT No.		BANK NAME	
BRANCH NAME & ADDRESS		CITY	
IBAN			

5. DETAILS OF INVESTMENT ALLOCATION SCHEME & CONTRIBUTION

PLEASE SELECT ANY ONE ALLOCATION SCHEME ACCORDING TO WHICH YOUR CONTRIBUTIONS SHALL BE ALLOCATED IN THE SUB-FUND

HIGH VOLATILITY				MEDIUM VOLATILITY				LOW VOLATILITY				LOWER VOLATILITY				CUSTOMIZED ALLOCATION SCHEME			
√	EQUITY	DEBT	MONEY MARKET	√	EQUITY	DEBT	MONEY MARKET	√	EQUITY	DEBT	MONEY MARKET	√	EQUITY	DEBT	MONEY MARKET	√	EQUITY	DEBT	MONEY MARKET
☐	80%	20%	NIL	☐	50%	40%	10%	☐	25%	60%	15%	☐	NIL	60%	40%	☐	____%	____%	____%
☐	65%	35%	NIL	☐	35%	55%	10%	☐	10%	75%	15%	☐	NIL	40%	60%				

☐ AGGRESSIVE LIFE CYCLE ALLOCATION SCHEME ☐ PROGRESSIVE LIFE CYCLE ALLOCATION SCHEME

FREQUENCY OF CONTRIBUTION	MONTHLY ☐	QUARTERLY ☐	HALF YEARLY ☐	YEARLY ☐	OTHERS	
INVESTMENT BY	OWN ☐	EMPLOYER ☐				
INVESTMENT RS.		Front End Load (%)	%			
PAK RUPPEES (IN WORDS)						

MODE OF PAYMENT PLEASE TICK (✓) THE APPROPRIATE BOX	CHEQUE ☐	PAYMENT ORDER ☐	DEMAND DRAFT ☐	BANK TRANSFER ☐
	ONLINE TRANSFER ☐	INTERNET BANKING ☐	REMITTANCE ☐	
DRAWN ON (BANK AND BRANCH NAME)		INSTRUMENT No.		

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. 05

REQUEST FOR PARTICIPANT'S REGISTRATION & ACCOUNT OPENING FORM

MCB FUNDS
Investments for Life

This form should be filled in block capital letters

6. DETAILS OF PRIOR PENSION FUND MANAGER (IF YOU HAVE EVER BEEN A MEMBER OF ANY VPS)

NAME OF PENSION FUND MANAGER							
ADDRESS							
DATE OF JOINING		AMOUNT TRANSFERRED	ENTIRE		OR	RS.	
ARE YOU STILL A MEMBER?	YES ☐	NO ☐	PENSION ACCOUNT NO.				

7. KNOW YOUR CUSTOMER (KYC) FORM

RESIDENTIAL STATUS	Resident Pakistani ☐ Non - Resident Pakistani ☐ Resident Foreign National ☐ Non - Resident Foreign National ☐
PERMANENT RESIDENT IN PAKISTAN (TO BE FILLED BY NICOP HOLDERS ONLY)	Yes ☐ No ☐
NATIONALITY (OTHER THAN PAKISTAN)	1. NATIONALITY ____ 2. NATIONALITY ____
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:

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.

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. 05

MCB FUNDS
Investments for Life

8. CUSTOMER DUE DILIGENCE SECTION

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

PURPOSE OF ACCOUNT	Savings for retirement
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 ☐
EXPECTED TYPE OF COUNTER PARTIES	Self ☐ Self and Employer ☐ Employer only ☐
EXPECTED LOCATION OF COUNTER PARTIES	Within Pakistan ☐ Outside Pakistan ☐ If "Outside Pakistan" is selected then please specify country _____
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 CONTRIBUTION 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 ☐
ANY OTHER INFORMATION ABOUT THE CUSTOMER	
OVERALL ASSESSMENT OF THE CUSTOMER	SATISFACTORY ☐ UNSATISFACTORY ☐

PREPARER:

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

REVIEWER:

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

MCB FUNDS
Investments for Life

9. FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA) SECTION MANDATORY INFORMATION OF PARTICIPANT

Please complete in **BLOCK LETTERS**

Name: _____ Country of Residence: _____

Country of Birth: _____

Please tick (✓) Yes or No for each of the following questions:

1.Are you a U.S. Resident?	No ☐	Yes ☐
2.Are you a U.S. Citizen?	No ☐	Yes ☐
3.Are you holding a U.S. Permanent Resident Card (Green Card)?	No ☐	Yes ☐
4.Are you registered in the US as a tax payer?	No ☐	Yes ☐

Note: If answer to any of the above-mentioned questions is "Yes" then please complete Form W-9 "Request for Taxpayer Identification Number and Certification".

Declaration:

1.I hereby confirm that the information provided above is true, accurate and complete;
2.Subject to applicable local and foreign laws, I hereby consent for MCBIM, the Trustee of the Voluntary Pension Schemes or any of their affiliates (including without limitation branches) to share my information with domestic and overseas tax authorities, where necessary to establish my tax liability in any jurisdiction;
3.Subject to the requirements of domestic or overseas laws, I consent and agree that MCBIM or the Trustee of the Voluntary Pension Schemes may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives;
4.I hereby undertake not to initiate any proceedings against MCBIM and the Trustee of the Voluntary Pension Schemes in case any amounts are withheld from my account and remitted to the local or foreign authorities/regulators;
5.I hereby undertake that I have not granted a Power of Attorney to a person who has an address outside Pakistan to operate the Investor Account (either physically or electronically);
6.I hereby undertake that I have no intention to set up Payment Standing Instruction(s)for the banking account(s) and beneficiary account(s) in a country outside Pakistan;
7.I hereby undertake to notify MCBIM within thirty (30) calendar days in case of any change in any information whatsoever which I have provided to MCBIM; and
8.I further agree and accept that the terms and conditions as contained herein shall form part and parcel of the Account Opening Form and the terms and conditions of the Account Opening Form as well other documentation shall remain in full force and effect.

10. HOW DID YOU HEAR ABOUT US ?

Newspapers / Advertising ☐ Friends / Relatives ☐ Facebook ☐ Instagram ☐ Linkedin ☐ Youtube ☐ Others _____
(Please Specify)

_____ **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. 05

MCB FUNDS
Investments for Life

11. DECLARATION AND SIGNATURES

I, hereby declare that:

1. The information provided in this Account Opening Form is correct, complete and up-to-date to the best of my knowledge and belief and the documents submitted along with this Account Opening Form are complete and valid in all respects;
2. I authorize MCB Investment Management Limited ("MCBIM") to use my information and documents for necessary due diligence and verification;
3. I understand that MCBIM may request for additional application form(s)/ document(s) to process my current and future investments in accordance with the requirements of the Anti-Money Laundering Act ("AML Act"), the Securities and Exchange Commission of Pakistan (Anti Money Laundering and Countering Financing of Terrorism) Regulations ("AML Regulations"), Guidelines on Anti-Money Laundering, Countering financing of Terrorism and Proliferation financing ("AML Guidelines") and AML/CFT and CDD/KYC Policies and Procedures of MCBIM. I will ensure to provide these required application form(s)/ document(s) within specified time. I also understand that in order to ensure compliance with aforesaid statutory laws and regulations, MCBIM may reject my investment and/or close my account if the required application form/ document is not provided to MCBIM within specified time or the required application form/ document is not complete and valid in all respects;
4. I have no objection to the Investment Allocation Scheme (mentioned in Section 5) according to which my contributions shall be allocated among the sub-funds of Pension Fund.
5. I understand that MCBIM reserves the right to obtain identity verification services (Biometric/NADRA Verisys) from NADRA to confirm my identification document. I hereby allow MCBIM to confirm my identity using identity verification services of NADRA. I will not hold MCBIM liable or responsible in any manner;
6. I hereby allow MCBIM to verify my bank account number(s) and mobile number(s)through independent sources. I will not hold MCBIM liable or responsible in any manner;
7. I understand that contribution in Pension Fund will be subjected to Zakat deduction if duly executed Zakat Affidavit (CZ-50) is not submitted to MCBIM;
8. I have read and understood the relevant constitutive documents of the Pension Fund in which I am investing. I understand that all contributions in Pension Fund are subject to market risk and the price of the Pension Fund's units may go down resulting in loss of principal investment;
9. I understand that the Offer Price of the Pension Fund's Units may include Front-end Load and could be higher than NAV price of the Units;
10. I am the ultimate beneficiary of the contributions to be invested in the Pension Fund(s) managed by MCBIM. Funds to be invested in the Pension Fund(s) managed by MCBIM are my own funds and the funds beneficially owned by any other person will not be used for making investments in Pension Fund(s) managed by MCBIM;
11. I have been provided with the latest Fund Manager Report (FMR) of the Pension Fund; and
12. I have reviewed the Total Expense Ratio, Management Fee percentage and Sales Load percentages of the Pension Fund as disclosed on the website link: www.mcbfunds.com/statutory-disclosures-for-unit-holders.
13. I acknowledge that I have received and read the Key Fact Statement 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.

CURRENT PRINCIPAL APPLICANT'S SIGNATURE	OR	LEFT HAND THUMB IMPRESSION (MALE) / RIGHT HAND THUMB IMPRESSION (FEMALE)	PARTICIPANT 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: _____

12. INVESTMENT FACILITATOR / DISTRIBUTOR DETAILS (FOR OFFICIAL USE ONLY)

Please write the complete address of the premises where you visited the customer:

HAVE YOU SEEN ORIGINAL CNIC/NICOP OF THE CUSTOMER? YES NO

HAS THE CUSTOMER SIGNED (CNIC/NICOP'S SIGNATURE) IN YOUR PRESENCE? YES NO

IS THERE ANY MATERIAL CHANGE IN THE APPEARANCE OF THE CUSTOMER WHEN COMPARED WITH HIS/HER PICTURE ON CNIC/NICOP?

YES ☐ NO ☐ (If yes, please provide details _____)

I have verified the identity document of the Participant and I have not identified any factor or event which may give rise to suspicion relating to money laundering and/or financing terrorism about the Participant. I will inform the Company if I identify any such factor or event in future relating to the Participant.

DISTRIBUTOR / FACILITATOR NAME		CODE		Distributor's Stamp with date and time
BRANCH NAME		CITY		

13. REGISTRAR DETAILS (FOR OFFICIAL USE ONLY)

Date and Time Stamping	FORM RECEIVED BY	Name and Signature
	DATE, FORM AND ATTACHMENTS VERIFIED BY	Name and Signature
	DATA INPUT BY	Name and Signature

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

MCB FUNDS
Investments for Life

INDIVIDUAL TAX RESIDENCY SELF-CERTIFICATION FORM

- Please complete Parts 1-3 in BLOCK CAPITALS.
- Fields marked with a * are mandatory.
- Fill and complete Part 2 only if Tax Residency is other than USA & Pakistan otherwise mark " Not Applicable (N/A)"

CRS-1

PART 1 – IDENTIFICATION OF INDIVIDUAL ACCOUNT HOLDER

A. NAME OF ACCOUNT HOLDER	
FAMILY NAME OR SURNAME(S)*	
TITLE	
FIRST OR GIVEN NAME*	
MIDDLE NAME(S)	

B. CURRENT RESIDENCE ADDRESS	
LINE 1 (E.G. HOUSE/APT/SUITE NAME, NUMBER, STREET, if any)*	
LINE 2 (E.G. TOWN/CITY/PROVINCE/COUNTY/STATE)*	
COUNTRY*	
POSTAL CODE/ZIP CODE (if any)*	

C. MAILING ADDRESS (PLEASE ONLY COMPLETE IF DIFFERENT TO THE ADDRESS SHOWN IN SECTION B)	
LINE 1 (E.G. HOUSE/APT/SUITE NAME, NUMBER, STREET)	
LINE 2 (E.G. TOWN/CITY/PROVINCE/COUNTY/STATE)	
COUNTRY	
POSTAL CODE/ZIP CODE	

D. DATE OF BIRTH* (DD/MM/YYYY)

d	d	m	m	y	y	y	y

E. PLACE OF BIRTH	
TOWN OR CITY OF BIRTH *	
COUNTRY OF BIRTH*	

PART 2 – COUNTRY/JURISDICTION OF RESIDENCE FOR TAX PURPOSES AND RELATED TAXPAYER IDENTIFICATION NUMBER OR EQUIVALENT NUMBER* ("TIN")

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's TIN for each country/jurisdiction indicated. Countries/Jurisdictions adopting the wider approach may require that the self- certification include a tax identifying number for each country/jurisdiction of residence (rather than for each Reportable Jurisdiction).

If the Account Holder is tax resident in more than three countries/jurisdictions, please use a separate sheet

If a TIN is unavailable please provide the appropriate reason A, B or C where indicated below:

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 explain why you are unable to obtain a TIN in the below table if you have selected this reason)
Reason C - No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

	COUNTRY/JURISDICTION OF TAX RESIDENCE	TIN	IF NO TIN AVAILABLE ENTER REASON A, B OR C
1			
2			
3			

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.

1	
2	
3	

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. 05

MCB FUNDS
Investments for Life

PART 3 – DECLARATIONS 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 MCBIM and the Collective Investment Schemes and Voluntary Pension Schemes under its management (hereinafter collectively referred to as the "MCBIM Schemes") setting out how MCBIM and MCBIM Schemes 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 in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
- I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates.
- I declare that I have neither asked for, nor received, any advice from MCBIM and MCBIM Schemes in determining my classification as a Reportable Person or otherwise.
- I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.
- I undertake to advise MCBIM and MCBIM Schemes within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete, and to provide MCBIM with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

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. 05

PRINT NAME*	
DATE*	

NOTE: IF YOU ARE NOT THE ACCOUNT HOLDER PLEASE INDICATE THE CAPACITY IN WHICH YOU ARE SIGNING THE FORM. IF SIGNING UNDER A POWER OF ATTORNEY PLEASE ALSO ATTACH A CERTIFIED COPY OF THE POWER OF ATTORNEY

CAPACITY*	