



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

برائے مہربانی اس بات کو یقینی بنائیے کہ آپ کا درخواست فارم / لچک 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۔

Please write in block letters using black ink

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

(Most Important and Mandatory Information)	RESIDENTIAL ADDRESS													
	CITY / DISTRICT		POSTAL CODE				COUNTRY							
	OFFICE/ BUSINESS ADDRESS													
	CITY / DISTRICT		POSTAL CODE				COUNTRY							
	MAILING ADDRESS (select one)		<input type="checkbox"/> RESIDENTIAL ADDRESS		OR		<input type="checkbox"/> OFFICE/ BUSINESS ADDRESS							
	TELEPHONE No.		RES.			OFF.			EXT.			FAX No.		
	EMAIL ADDRESS										MOBILE No.			

EDUCATION	Under Graduate <input type="checkbox"/>	Graduate <input type="checkbox"/>	Post Graduate <input type="checkbox"/>	Professional Qualification <input type="checkbox"/>	Shariah Qualification <input type="checkbox"/>
	Technical Qualification <input type="checkbox"/>	Illiterate <input type="checkbox"/>			
OCUPATION	Armed Forces Service (A) <input type="checkbox"/>	Business/ Self-Employed (B) <input type="checkbox"/>	Government Service (C) <input type="checkbox"/>		
	Private Service (D) <input type="checkbox"/>	Retired/ Pensioner (E) <input type="checkbox"/>	Unemployed/ House wife (F) <input type="checkbox"/>		

DESIGNATION (TO BE FILLED IN CASE OF A, C, D & E)	GRADE/ RANK (TO BE FILLED IN CASE OF A, C, & E)
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NATURE OF BUSINESS	
(TO BE FILLED IN CASE OF B)	

PROFESSION	Accountant	<input type="checkbox"/>	Advocate/ Lawyer	<input type="checkbox"/>	Agriculturist/ Dairy Farmer	<input type="checkbox"/>	Antique Dealer	<input type="checkbox"/>	Architect	<input type="checkbox"/>	Artist	<input type="checkbox"/>	
	Auditor	<input type="checkbox"/>	Banker	<input type="checkbox"/>	Bureaucrat	<input type="checkbox"/>	Technician	<input type="checkbox"/>	Distributor/Agent	<input type="checkbox"/>	Doctor	<input type="checkbox"/>	
	Economist	<input type="checkbox"/>	Electrician	<input type="checkbox"/>	Engineer	<input type="checkbox"/>	Gems Dealer	<input type="checkbox"/>	Importer/ Exporter	<input type="checkbox"/>	IT Professional	<input type="checkbox"/>	
	Jeweller	<input type="checkbox"/>	Journalist	<input type="checkbox"/>	Judge	<input type="checkbox"/>	Labourer	<input type="checkbox"/>	Landlord	<input type="checkbox"/>	Manufacturer	<input type="checkbox"/>	
	Soldier	<input type="checkbox"/>	Student	<input type="checkbox"/>	Mechanic	<input type="checkbox"/>	Media Person	<input type="checkbox"/>	Notary Public	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	
	Transporter	<input type="checkbox"/>	Wholesaler	<input type="checkbox"/>	Pharmacist	<input type="checkbox"/>	Plumber	<input type="checkbox"/>	Police Officer	<input type="checkbox"/>	Real Estate Agent	<input type="checkbox"/>	
	Scientist	<input type="checkbox"/>	Real Estate Builder	<input type="checkbox"/>	Welfare/ Social Worker	<input type="checkbox"/>	Teacher	<input type="checkbox"/>	Real Estate Developer	<input type="checkbox"/>	Retailer/ Shop Keeper	<input type="checkbox"/>	
	Partner In Legal / Professional Firm			<input type="checkbox"/>	Legal/ Financial/ Tax Consultant			<input type="checkbox"/>	Partner in Business Partnership				<input type="checkbox"/>
	Other	<input type="checkbox"/>	If "Others" is selected then please specify _____										

SOURCE(S) OF INCOME/ FUNDS (MULTIPLE SELECTIONS CAN BE MADE)	Salary Income	<input type="checkbox"/>	Business Income	<input type="checkbox"/>	Rental Income	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Stocks/ Investments	<input type="checkbox"/>
	Proceeds from Inheritance	<input type="checkbox"/>	Agriculture Income	<input type="checkbox"/>	Monthly Pension	<input type="checkbox"/>	Gift Proceeds	<input type="checkbox"/>	Remittances from Third Party	<input type="checkbox"/>
	Sale Proceeds of Property	<input type="checkbox"/>	Remittances from Family Member					Sale Proceeds of Furniture, Fixtures & Equipment		
	Sale Proceeds of Vehicle	<input type="checkbox"/>	Retirement Benefits (Provident Fund/ Gratuity,etc.)			<input type="checkbox"/>	Student receiving Funds from Blood Relative			
	Housewife receiving Funds From Husband/ Chlid/ Blood Relative					<input type="checkbox"/>				

ANNUAL INCOME	Below Rs. 1,000,000/-	<input type="checkbox"/>	From Rs. 1,000,000/- TO RS. 2,500,000/-	<input type="checkbox"/>	From Rs. 2,500,001/- TO RS. 5,000,000/-	<input type="checkbox"/>
	From Rs. 5,000,001/- TO RS. 7,500,000/-	<input type="checkbox"/>	From Rs. 7,500,001/- TO RS. 10,000,000/-	<input type="checkbox"/>	From Rs. 10,000,001/- TO RS. 12,500,000/-	<input type="checkbox"/>
	From Rs. 12,500,001/- TO RS. 15,000,000/-	<input type="checkbox"/>	From Rs. 15,000,001/- TO RS. 20,000,000/-	<input type="checkbox"/>	From Rs. 20,000,001/- TO RS. 25,000,000/-	<input type="checkbox"/>
	Above Rs. 25,000,000/-	<input type="checkbox"/>				

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: _____

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 / 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: _____

SIGNATURE: _____

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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 <input type="checkbox"/>		Joint Account <input type="checkbox"/>		Minor Account <input type="checkbox"/>	
PURPOSE OF ACCOUNT		Investment & Savings					
DATE OF VERIFICATION OF THE IDENTITY DOCUMENT		<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
DATE OF ISSUANCE ON THE IDENTITY DOCUMENT		<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
DATE OF EXPIRY ON THE IDENTITY DOCUMENT		<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
IS IDENTITY DOCUMENT WITHOUT PHOTOGRAPH?		YES <input type="checkbox"/> NO <input type="checkbox"/> (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 <input type="checkbox"/> NO <input type="checkbox"/>			
IS THE CUSTOMER LINKED WITH NGO/ NPO/ CHARITABLE TRUST/ SOCIETY/ ASSOCIATION AS DIRECTOR OR TRUSTEE OR MEMBER OF GOVERNING BODY, ETC.?				YES <input type="checkbox"/> NO <input type="checkbox"/>			
IS THE CUSTOMER FOREIGN NATIONAL?				YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
IS THE CUSTOMER INVOLVED IN ANY OF THE FOLLOWING DESIGNATED NON-FINANCIAL BUSINESSES AND PROFESSION (DNFBPs)?							
REAL ESTATE AGENT, BUILDER OR DEVELOPER		YES <input type="checkbox"/> NO <input type="checkbox"/>		DEALER IN PRECIOUS METALS INCLUDING JEWELLER		YES <input type="checkbox"/> NO <input type="checkbox"/>	
DEALER IN PRECIOUS STONES INCLUDING GEM DEALER		YES <input type="checkbox"/> NO <input type="checkbox"/>		ANTIQUA DEALER		YES <input type="checkbox"/> NO <input type="checkbox"/>	
SELF EMPLOYED LAWYER/ ADVOCATE/ NOTARY		YES <input type="checkbox"/> NO <input type="checkbox"/>		SELF EMPLOYED ACCOUNTANT/ AUDITOR		YES <input type="checkbox"/> NO <input type="checkbox"/>	
SELF EMPLOYED LEGAL/ FINANCIAL/ TAX CONSULTANT		YES <input type="checkbox"/> NO <input type="checkbox"/>		PARTNER IN LEGAL/ PROFESSIONAL FIRM		YES <input type="checkbox"/> NO <input type="checkbox"/>	
IS THE CUSTOMER INVOLVED IN MONEY EXCHANGE BUSINESS, LOW PROFILE INTERNET BASED BUSINESS OR CRYPTO CURRENCY BUSINESS?				YES <input type="checkbox"/> NO <input type="checkbox"/>			
HAS THE CUSTOMER PROVIDED THE DETAILS OF ANY ULTIMATE BENEFICIARY?				YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, PLEASE COMPLETE KYC FORMALITIES OF ULTIMATE BENEFICIARY)			
EXPECTED TYPE OF COUNTER PARTIES		Self <input type="checkbox"/> Self & Ultimate Beneficiary <input type="checkbox"/> Ultimate Beneficiary Only <input type="checkbox"/> Self and Employer <input type="checkbox"/> Employer only <input type="checkbox"/> Other <input type="checkbox"/> If "Others" is selected then please specify _____					
EXPECTED LOCATION OF COUNTER PARTIES		Within Pakistan <input type="checkbox"/> Outside Pakistan <input type="checkbox"/> If "Outside Pakistan" is selected then please specify country _____					
EXPECTED SCHEMES IN WHICH THE CUSTOMER WOULD LIKE TO INVEST		All Schemes <input type="checkbox"/> Shariah Compliant High Risk Schemes <input type="checkbox"/> Shariah Compliant Medium Risk Schemes <input type="checkbox"/> Shariah Compliant Low Risk Schemes <input type="checkbox"/> Shariah Compliant Very Low Risk Schemes <input type="checkbox"/> High Risk Schemes <input type="checkbox"/> Medium Risk Schemes <input type="checkbox"/> Low Risk Schemes <input type="checkbox"/> Very Low Risk Schemes <input type="checkbox"/>					
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 <input type="checkbox"/> ISAVE Online Portal Only <input type="checkbox"/> Through Sales Agent Only <input type="checkbox"/> Through Distributor Only <input type="checkbox"/> ISAVE Online Portal & Sales Agent <input type="checkbox"/> ISAVE Online Portal & Distributor <input type="checkbox"/>					
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/- <input type="checkbox"/>		UPTO RS. 800,000/- <input type="checkbox"/>		UPTO RS. 1,000,000/- <input type="checkbox"/>	
		UPTO RS. 3,000,000/- <input type="checkbox"/>		UPTO RS. 4,000,000/- <input type="checkbox"/>		UPTO RS. 5,000,000/- <input type="checkbox"/>	
		UPTO RS. 7,000,000/- <input type="checkbox"/>		UPTO RS. 8,000,000/- <input type="checkbox"/>		UPTO RS. 9,000,000/- <input type="checkbox"/>	
		ABOVE RS. 10,000,000/- <input type="checkbox"/>				UPTO RS. 2,000,000/- <input type="checkbox"/>	
						UPTO RS. 6,000,000/- <input type="checkbox"/>	
						UPTO RS. 10,000,000/- <input type="checkbox"/>	
EXPECTED NUMBER OF INVESTMENT TRANSACTIONS IN A YEAR		UPTO 5 <input type="checkbox"/>		UPTO 10 <input type="checkbox"/>		UPTO 15 <input type="checkbox"/>	
						UPTO 20 <input type="checkbox"/>	
						ABOVE 20 <input type="checkbox"/>	
EXPECTED REDEMPTION TRANSACTIONS IN A YEAR (RUPEES)		UPTO RS. 500,000/- <input type="checkbox"/>		UPTO RS. 800,000/- <input type="checkbox"/>		UPTO RS. 1,000,000/- <input type="checkbox"/>	
		UPTO RS. 3,000,000/- <input type="checkbox"/>		UPTO RS. 4,000,000/- <input type="checkbox"/>		UPTO RS. 5,000,000/- <input type="checkbox"/>	
		UPTO RS. 7,000,000/- <input type="checkbox"/>		UPTO RS. 8,000,000/- <input type="checkbox"/>		UPTO RS. 9,000,000/- <input type="checkbox"/>	
		ABOVE RS. 10,000,000/- <input type="checkbox"/>				UPTO RS. 2,000,000/- <input type="checkbox"/>	
						UPTO RS. 6,000,000/- <input type="checkbox"/>	
						UPTO RS. 10,000,000/- <input type="checkbox"/>	
EXPECTED NUMBER OF REDEMPTION TRANSACTIONS IN A YEAR		UPTO 5 <input type="checkbox"/>		UPTO 10 <input type="checkbox"/>		UPTO 15 <input type="checkbox"/>	
						UPTO 20 <input type="checkbox"/>	
						ABOVE 20 <input type="checkbox"/>	
ANY OTHER INFORMATION ABOUT THE CUSTOMER							
OVERALL ASSESSMENT OF THE CUSTOMER				SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/>			
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							

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