

# ACCOUNT OPENING FORM “G-1” (For Gulluck Plan Only)

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 بنائیے کہ آپ کا درخواست فارم لپیک 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۔

Investor Registration Number (for official use only) No. \_\_\_\_\_ Please write in block letters using black ink

Date :										In order to ensure personal data security of our esteemed Unit Holders, Mother's Maiden Name and Date of Birth shall be captured from the identity records available with National Database & Registration Authority (NADRA).										
<b>1) Gulluckian's Details ( Subscriber )</b>																				
A/C holder / Gulluckian Name										Name of School										
Father's Name										Name of Campus					Class / Grade					
B-Form Number										Gender		Male <input type="checkbox"/> Female <input type="checkbox"/>								
Gulluckian's Email										Nationality										
<b>2) Guardian Details</b>																				
a) Name of Guardian										Relationship with Gulluckian										
CNIC/ NICOP/ Passport No.										Nationality					Zakat Deduction		Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, please provide Zakat Affidavit)			
<b>3) Guardian Bank Details</b>																				
Complete Bank Account No.										Bank/Branch					City					
Branch Name & Address										IBAN										
<b>4) Contact Details of Guardian</b>																				
Correspondence Address										City					Country					
Telephone No.										Res.		Off.		Ext.		Mobile No.				
Email										Fax No.										
<b>Declaration and Signature</b>																				
I, the undersigned, hereby declare that I have read, understood and agreed to the Declarations mentioned overleaf.										Attestation of Branch Manager and Witnesses shall be required only in case of Guardian with unstable signature or thumb impression.										
A/C holder / Gulluckian's Signature (Voluntarily)										Guardian Signature					Guardian Signature (as per CNIC)					
										Name/Signature/Stamp					Witness 1 (Adult Male Person Only)		Witness 2 (Adult Male Person Only)			
															Name :		Name :			
															CNIC :		CNIC :			
															Signature :		Signature :			

Declaration

- (a) I hereby declare that 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.
- (b) I understand that by investing in Gulluck Plan, I subscribe to the units of MCB Pakistan Stock Market Fund, the risks of which I have understood after reading the Constitutive Documents of the Fund.
- (c) I hereby undertake that all existing and further contributions in Gulluck Plan represent my own savings derived from legitimate source of income without involving in any money Laundering or illegal activities.
- (d) I hereby undertake that I am not a public/political figure and my account opening has never been refused by any financial institution.
- (e) I hereby undertake that only Person named in the Form is the ultimate beneficiary of Gulluck Plan.
- (f) I hereby undertake that the United States of America is neither my place of birth nor I am resident, citizen or tax resident in the USA.
- (g) I understand that any dividend declared on investment in Gulluck Plan shall be automatically reinvested in Gulluck Plan.
- (h) I understand the Clause No. 4 "Operation of Account" in supplementary Offering Document of MCB Pakistan Stock Market Fund to introduce Gulluck Plan. After attaining the age of 18 years, the Subscriber ( Gulluckian ) shall be the only person to be recognized by the Trustee, the Management Company and the transfer agent as having any right, title or interest in or to such units and the Trustee, the Management Company and the transfer agent may recognize the unit holder as the absolute owner thereof and shall not be bound by any notice to the contrary and shall not be bound to take notice of or to see to the execution of any trust, except where required by any court of competent jurisdiction.
- (i) I/We hereby acknowledge that I/We have reviewed the Total Expense Ratio, Management Fee percentage, Selling & Marketing expenses percentage, Front-end, Back-end and Contingent Load percentages of the Scheme as disclosed on the website link <https://www.mcbfunds.com/statutory-disclosures-for-unit-holders/>.
- (j) I/We understand that the Management Company may request for additional document(s) to process my/our current and future investments in accordance with the requirements of its AML/CFT and CDD/KYC Policies and Procedures. I/We will ensure to provide these required documents within specified time. I/We also understand that the Management Company may reject my/our investment and/or close my/our account if the required document is not provided to the Management Company within specified time or the required document is not complete and valid in all respects.
- (k) I/We understand that transaction request received within Cut-Off Timings of the Business Day will be processed at the price of the Scheme applicable on that Business Day. Transaction request received after Cut-Off Timings of the Business Day or on a non-business day, will be processed at the price of the Scheme applicable on the next Business Day. I/We have seen the Cut-Off Timings of the Scheme available at the download section of the website ([www.mcbfunds.com](http://www.mcbfunds.com)).
- (l) 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.

Name of Administrative Plan Conventional	Risk Profile	Risk of Principal Erosion	Eligible Score Range
Gulluck Plan (MCB-PSM)	High	Principal at high risk	=>22 OR<=28

Instructions

- (a) In case where signature of Guardian differ from his/her signature as per CNIC, the signature as per CNIC should also be provided on this Account Opening Form.
- (b) Attestation of Branch Manager & witness of 2 adult male persons shall be required only in case of Guardian with unstable signature or thumb impression.
- (c) For Auto Debit/Post Dated Cheques periodic banking transfers option "B-3" Form needs to be filled.

5) Investment Facilitator/Distributor Details (For Official Use Only)

Distributor/Facilitator Name		FC Code						Distributor's Stamp with date and time
Branch Name		City						

6) Registrar Details (For Official Use Only)

Date and Time Stamping	Form received by	Name and Signature
	Form and documents verified by	Name and Signature
	Data input by	Name and Signature

Remarks	
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