MCB FUNDS
Investments for Life

Please ensure that your application form 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 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۔

This form should be filled in block capital letters

KYC, FATCA AND CRS-1 FORM FOR JOINT UNIT HOLDERS

DATE: _____

THIS KYC FORM SHOULD BE FILLED BY JOINT HOLDER AND ULTIMATE BENEFICIARY SEPARATELY

NAME AS PER CNIC/NICOP/PASSPORT	
CNIC/NICOP/PASSPORT NUMBER	

KNOW YOUR CUSTOMER SECTION

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.

_____

Signature/ Left Hand Thumb Impression (male)/ Right Hand Thumb Impression (female)

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FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA") SECTION

This section of Account Opening Form must be completed by Individual/ Sole Proprietor Investor who wishes to open an investor account with MCBIM. Each Joint Holder is required to fill this section separately.

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 Collective Investment Schemes/ 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 Collective Investment Schemes/ 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 Collective Investment Schemes/ 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.

_____
Signature/ Left Hand Thumb Impression (male)/ Right Hand Thumb Impression (female)

INDIVIDUAL TAX RESIDENCY SELF-CERTIFICATION SECTION (CRS-1)

- 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)"

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 TAX RESIDENCY ADDRESS (PLEASE PROVIDE PROOF)

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

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

d d m m y y y y

D. PLACE OF BIRTH

TOWN OR CITY OF BIRTH *	
COUNTRY OF BIRTH*	

_____
Signature/ Left Hand Thumb Impression (male)/ Right Hand Thumb Impression (female)

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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 (PLEASE PROVIDE DOCUMENTARY EVIDENCE)	IF NO TIN AVAILABLE ENTER REASON A, B OR C	IF NO TIN IS AVAILABLE PLEASE PROVIDE IQAMA NO/RESIDENT ID/NATIONAL ID (PLEASE PROVIDE PROOF)
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	

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.
- 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.
- 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.

SIGNATURE*	
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*	

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 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 Customer 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 Customer. I will inform the Company if i identify any such factor or event in future relating to the Customer.

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

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

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CUSTOMER DUE DILIGENCE SECTION

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

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 ☐

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)	

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			