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Please select purpose (any one):
- ☐ **NEW ACCOUNT OPENING**
- ☐ **EXISTING ACCOUNT REG NO. _____ REGULARIZATION**
- ☐ **EXISTING ACCOUNT REG NO. _____ UPGRADATION**

If no option is selected, New Account will be opened

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 / 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۔

Investor Registration Number (for official use only) No. _____

AOF (FOR INDIVIDUALS ONLY)

Account Opening Form

DATE: _____

Please write in block letters using black ink

1. PRINCIPAL APPLICANT'S DETAILS (Mandatory Information)

PRINCIPAL APPLICANT'S NAME (as per CNIC/ NICOP/ PASSPORT No./ B-Form No.)			
FATHER/SPOUSE NAME (as per identity document)			
CNIC/ NICOP/ PASSPORT No./ B-FORM NO.		MOTHER MAIDEN NAME	
GENDER	MALE ☐ FEMALE ☐ TRANSGENDER ☐	DATE OF BIRTH	
ZAKAT DEDUCTION	Yes ☐ No ☐ (If "No" please provide Zakat Affidavit) (in case of Joint Account, Zakat Affidavit is required for each Joint holder)	PLACE OF BIRTH	

2. GUARDIAN'S DETAILS (TO BE FILLED IN CASE OF MINOR APPLICANT)

NAME (as per CNIC/ NICOP/ PASSPORT No.)		RELATIONSHIP WITH MINOR	
CNIC/ NICOP/ PASSPORT No.		NATIONALITY	

3. 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.					**Principal Applicant Signature**

(Most Important and Mandatory Information)

4. 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 Semi Annually) 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 Annually 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.

5. BANK DETAILS OF PRINCIPAL APPLICANT/ GUARDIAN (Mandatory Information)

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

6. DETAILS OF JOINT HOLDER (S)

We have also read and understood the declarations mentioned in Section 14 "Declaration and Signatures" and Section 8 "Risk Profiling Questionnaire".

JOINT HOLDER NO. 1	JOINT HOLDER NO. 2	JOINT HOLDER NO. 3	PRINCIPAL APPLICANT
NAME	NAME	NAME	NAME
CNIC/ NICOP/ PASSPORT No.	CNIC/ NICOP/ PASSPORT No.	CNIC/ NICOP/ PASSPORT No.	
Share Percentage*:	Share Percentage*:	Share Percentage*:	Share Percentage*:
GENDER: MALE ☐ FEMALE ☐ TRANSGENDER ☐	GENDER: MALE ☐ FEMALE ☐ TRANSGENDER ☐	GENDER: MALE ☐ FEMALE ☐ TRANSGENDER ☐	
CURRENT SIGNATURE	CURRENT SIGNATURE	CURRENT SIGNATURE	SIGNATURE
SIGNATURE AS PER CNIC/ NICOP/ PASSPORT	SIGNATURE AS PER CNIC/ NICOP/ PASSPORT	SIGNATURE AS PER CNIC/ NICOP/ PASSPORT	

* This Share Percentage is required for the purpose of withholding tax deduction on Dividend. If share percentage is not defined, share percentage will be equally distributed.

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. 06

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7. ACCOUNT OPERATING INSTRUCTIONS (PLEASE TICK (✓) THE APPROPRIATE BOX) IN CASE OF JOINT ACCOUNT — DEFAULT : PRINCIPAL APPLICANT ONLY

PRINCIPAL APPLICANT ONLY ☐ PRINCIPAL AND ALL JOINT HOLDERS ☐ JOINTLY (ANY TWO) ☐

EITHER OR SURVIVOR ☐ OTHERS (Please Specify) ☐ _____

8. RISK PROFILING QUESTIONNAIRE FOR PRINCIPAL APPLICANT

Answering these questions will help to understand your investment objectives, risk/return expectation that will translate your needs into an asset allocation suitable to your investment needs. This questionnaire will provide only guideline and should not constitute as specific advice. You should make your fund allocation based on your own judgment and personal circumstances. Please tick the box in the left hand margin that corresponds to your choice

1	Your current age		2	Your current employment status		3	For how long do you want to keep your investment before cashing out	
☐	More than 60 years	1	☐	Retired (Life savings/Pension)	1	☐	Less than 6 Months	1
☐	46 - 60 years	2	☐	House Wife/Student/Dependant	2	☐	7 months to a year	2
☐	30 - 45 years	3	☐	Salaried Employee	3	☐	Between 1 - 5 years	3
☐	Less than 30 years	4	☐	Own Business	4	☐	Over 5 years	4

4	What portion of your current investments(if any) are invested in the Stock Market ?		5	What are you investing for?		6	How would you react if your portfolio value falls below what you initially invested?	
☐	76 - 100 %	1	☐	Regular Income - e.g kitchen expenses	2	☐	Encash my investment immediately	1
☐	51 - 75 %	2	☐	Cash Management - e.g fulfilling short-term goals	4	☐	Transfer my investment to a more secure fund	2
☐	21 - 50 %	3	☐	Capital growth - e.g education/marriage	6	☐	I will hold my investment and wait for better returns	3
☐	0 - 20 %	4	☐	Long term savings - e.g retirement planning	8	☐	Invest additional amount to reduce my average cost	4

SCORING OF RISK PROFILING RESULTS

Question Number	1	2	3	4	5	6	TOTAL
Your Score							

Risk Profile and Score Range	Score Range	Investor Risk Profile
	Score 1 to 10	Very Low
	Score 11 to 14	Low
	Score 15 to 21	Medium/ Moderate
	Score 22 to 28	High
	For selecting Collective Investment Scheme of MCBIM as per your Risk Profile, please refer last page of this Form	

Declaration: I understand that this Risk Profiling Questionnaire ("RPQ") will help me in assessing my risk appetite based on my need and the information provided by me. The Company and its representative have helped me in understanding the implication of scores derived from RPQ on my scheme/plan selection. I am aware that my different savings needs may have different risk appetite which may change over time depending on my personal situation and objectives. I also understand that this RPQ does not constitute, in any manner, advice given by the Company or its representative. I also understand that my current and future investment, conversion and transfer transactions may not match with the risk score derived from this RPQ. I will not hold the Company or its representative liable or responsible for these transactions in any manner.

9. INVESTMENT DETAILS

WE DO NOT ACCEPT CASH OR BLANK/BEARER CHEQUE

We would like to inform all our investors that currently the Management Company has a policy not to accept cash or blank/bearer cheques for investments in the Schemes managed by it. Investors are advised to prepare their payment instruments (crossed payees account cheques, pay-order or demand drafts) in favour of the Trustee of respective Scheme. The complete names of the Schemes/Investment Plans and their types and classes of units are mentioned in their respective Offering Documents. Investors are also advised not to give cash to any individual on behalf of the Schemes and always use plain Account Opening Form without any cutting or marking on it. If the Management Company starts receiving cash investments in future, it will inform the complete mechanism of receiving cash investments separately.

COOLING-OFF RIGHT FOR INDIVIDUAL UNIT HOLDERS

All Individual Unit Holders have a right to obtain a refund of their first time investment only (cooling-off right) in a Collective Investment Scheme (CIS) managed by MCBIM. The Unit Holder may exercise cooling-off right within three (3) business days commencing from the date of issuance of Investment report as per SECP Circular No. 26 of 2015 (cooling-off period). For this purpose, the Unit Holder shall send a written request to Investor Services Department of MCBIM at one of its Registered Addresses. The refund pursuant to the exercise of a cooling-off right shall be paid to the Unit Holder within six (6) business days of receipt of written request from the Unit Holder in accordance with the Direction No. 31 of 2016 issued by Securities and Exchange Commission of Pakistan.

RISK DISCLOSURE:

If you are investing in MCB Pakistan Stock Market Fund (MCB-PSM), Alhamra Islamic Stock Fund (ALHISF), MCB Pakistan Asset Allocation Fund (MCB-PAAF), Pakistan Capital Market Fund (PCMF), Alhamra Islamic Asset Allocation Fund (ALHAA), allocation plans of Alhamra Islamic Active Allocation Fund ("ALHIAAF"), MCB Pakistan Dividend Yield Plan (MCBPDYP), Alhamra Opportunity Fund - Dividend Strategy Plan (ALHOPDSP), MCB Financial Sector Fund (MCBFSF), Alhamra Islamic Energy Fund (ALHIEF) and/or Gulluck Plan then by accepting these terms and conditions, you acknowledge that the Scheme/Plan in which you are investing, is "HIGH RISK" Scheme as its returns are directly linked with the performance of Pakistan Stock Exchange (PSX). Hence, your principal investment may be at risk when PSX performance goes into negative. Long-term holding duration is advised while investing in these schemes/plans.

NAME OF THE SCHEME / INVESTMENT PLAN	FRONT END LOAD %	TYPE OF UNITS	CLASS OF UNITS	AMOUNT IN FIGURES (Rs)	AMOUNT IN WORDS
(a)	%				
(b)	%				
(c)	%				

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. _____

INCOME PAYMENT FREQUENCY (in case of Income Units / 365 Income Units only) if Income Payment Frequency is not selected then the Management Company will assume Income Payment Frequency as "Annually".

Monthly ☐ Quarterly ☐ Half-Yearly ☐ Annually ☐

10. DISTRIBUTION — DEFAULT: REINVEST

Please tick (✓) if you want distribution encashed ☐

11. HOW DID YOU HEAR ABOUT US ?

Newspapers / Advertising ☐ Friends / Relatives ☐ Facebook ☐ Instagram ☐ Linkedin ☐ Youtube ☐

Others _____
(Please Specify)

Joint Holder No. 1 Signature OR (Left Hand Thumb Impression (male)/ Right hand thumb impression (female)	Joint Holder No. 2 Signature OR (Left Hand Thumb Impression (male)/ Right hand thumb impression (female)	Joint Holder No. 3 Signature OR (Left Hand Thumb Impression (male)/ Right hand thumb impression (female)	Principal Applicant Signature OR (Left Hand Thumb Impression (male)/ Right hand thumb impression (female)

For investor having thumb impression or unstable / shaky / immature signature, Attestation required as mentioned on Page No. 06

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13. FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA) SECTION MANDATORY INFORMATION OF PRINCIPAL APPLICANT (TO BE FILLED SEPARATELY BY EACH JOINT HOLDER)

13.1. 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 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.

_____ **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. 06

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This form should be filled in block capital letters

14. KNOW YOUR CUSTOMER (KYC) FORM

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

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:

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. YES ☐ NO ☐

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.

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.

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. 06

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15. 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		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			

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16. DECLARATION AND SIGNATURES

ACCOUNT OPENING

1. I/ We, the undersigned, hereby declare that:

(a) the information provided in this Account Opening 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 Opening 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.

INVESTMENT

2. I/We shall be solely responsible for my/our investment transaction(s) if such transaction(s) is/are not in accordance with my/our risk profiling results already provided to the Management Company. I/We will not hold the Management Company liable or responsible for such transaction(s) in any manner.

3. I/We, the undersigned, hereby declare that:

(a) I/We have read and understood the terms and conditions of the Constitutive Documents of the Scheme(s), in particular the Investment Policies, Risk Factors, Taxation Policies and Warnings before making investment in the Scheme(s);

(b) I/We understand that all investments in the Scheme are subject to market risk and the price of the Scheme's Units may go down resulting in loss of principal investment;

(c) I/We understand that the Offer Price of the Scheme's Units may include Front-end Load and could be higher than NAV price of the Units;

(d) I/We have been provided with the latest Fund Manager Report (FMR) of the Scheme(s) at the time of investment;

(e) 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/;

(f) I/We understand that the Management Company of the Scheme has the sole discretion to allocate/ not to allocate Units of the Scheme; and

(g) I/We understand that once the investment request has been received by the Investment Facilitator/ Distributor, it cannot be cancelled.

(h) I/We, the undersigned hereby assure to the Management Company that the proceeds invested in the Scheme(s) are not derived from money laundering or illegal activities and will not be used for financing terrorism in any manner.

(i) 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).

(j) We understand that the Management Company may request for additional application form(s)/ document(s) to process my/our 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 the Management Company. I/We will ensure to provide these required application form(s)/ document(s) within specified time. I/We also understand that in order to ensure compliance with aforesaid statutory laws and regulations, the Management Company may reject my/our investment and/or close my/our account if the required application form/ document is not provided to the Management Company within specified time or the required application form/ document is not complete and valid in all respects

k) I acknowledge that I have 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.

FOR INVESTMENT IN UNIT 365-GROWTH AND 365-INCOME UNITS

I/We hereby acknowledge and understand that Bank-End Load will be applicable if units are redeemed before completion of 365 days from the date of initial investment as defined in Offering Document of the respective fund.

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: _____

17. 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 documents of the Principal Applicant and Joint Holder(s) 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 Principal Applicant and Joint Holder(s). I will inform the Company if i identify any such factor or event in future relating to the Principal Applicant and/or Joint Holder(s).

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

18. 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 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 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*	

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	

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. 06

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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. 06

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*	

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

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RISK DISCLOSURE STATEMENT FOR INVESTOR

If you are investing in MCB Pakistan Stock Market Fund (MCB-PSM), Alhamra Islamic Stock Fund (ALHISF), MCB Pakistan Asset Allocation Fund (MCB-PAAF), Pakistan Capital Market Fund (PCMF), Alhamra Islamic Asset Allocation Fund (ALHAA), allocation plans of Alhamra Islamic Active Allocation Fund (ALHIAAF), MCB Pakistan Dividend Yield Plan (MCBPDYP), Alhamra Opportunity Fund - Dividend Strategy Plan (ALHOPDSP), MCB Financial Sector Fund (MCBFSF), Alhamra Islamic Energy Fund (ALHIEF) and/or Gulluck Plan then by accepting these terms and conditions, you acknowledge that the Scheme/ Plan in which you are investing, is HIGH RISK Scheme as its returns are directly linked with the performance of Pakistan Stock Exchange (PSX). Hence, your principal investment may be at risk when PSX performance goes into negative. Long-term holding duration is advised while investing in these schemes/plans.

Name of Investor	
CNIC/ Registration Number	
Date of Investment	
Name of the Scheme/ Plan	

(a) I am aware of the Risk Profile of the Scheme/Plan in which I am investing. Sales Agent has adequately explained the Risk of the Scheme/Plan to me.

(b) I shall be solely responsible for my investment transaction if it is not in accordance with my risk profiling results already provided to the Management Company and I will not hold the Management Company liable or responsible for this transaction in any manner.

(c) My Sales Agent has not made or implied any guarantee with respect to return or investment amount.

(d) My Sales Agent has not quoted any fixed return percentage or amount to me.

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. 06

MCB FUNDS
Investments for Life

UNDERTAKING BY SALES AGENT

I, _____ bearing CNIC No. _____, hereby confirm the following to the Management Company that:

(a) I have explained the Risk Profiling Questionnaire to the Investor.

(b) I have also explained to the Investor about the Risk Profile of the Scheme/Plan in which he/she is investing.

(c) I have explained to the Investor that returns of High Risk Scheme/Plan are directly linked with the performance of Pakistan Stock Exchange (PSX). Hence, his/her principal investment may be at risk when PSX performance goes into negative. Holding for long-term duration is advised while investing in the Scheme/Plan.

(d) I have not made or implied any guarantee with respect to return or investment amount to the Investor.

(e) I have not quoted any fixed return percentage or amount to the Investor.

(f) I have explained to the Investor about the Sales Load (if any) of the Scheme/Plan in which he/she is investing.

_____
Signature of Sales Agent:
Name:
CNIC:
Date:

_____
Signature of Immediate Supervisor
Name:
CNIC:
Date:

RISK PROFILE AND LOAD DETAILS OF COLLECTIVE INVESTMENT SCHEMES/ADMINISTRATIVE PLAN

Name of Collective Investment Scheme	Category of Collective Investment Scheme	Risk Profile	Risk of Principal Erosion	Investor Eligible Score	Front-end Load	Contingent Load	Back-end Load
CONVENTIONAL							
MCB Cash Management Optimizer	Money Market	Low	Principal at low risk	=>11	Nil	Nil	Nil
Pakistan Cash Management Fund	Money Market	Low	Principal at low risk	=>11	0% - 1%	Nil	Nil
MCB-DCF Income Fund	Income	Medium	Principal at medium risk	=>15	**Growth & Income Units** Individual - 1.5% Corporate - Nil **Bachat Units/** **Unit 365 Growth & Income -** Nil	Nil	**Growth & Income Units Nil** **Bachat Units** **2% if redeemed before completion of two years from the date of initial investment.** **0% if redemption after completion of two years from the date of initial investment.** **Unit 365-Growth & Unit 365-Income** **1.5% if redeemed before completion of 365 calendar days from the date of initial investment.** **0% if redeemed on and after completion of 365 calendar days from the date of initial investment.**
Pakistan Income Fund	Income	Medium	Principal at medium risk	=>15	Individual - 2% Corporate - Nil	Nil	Nil
MCB Pakistan Sovereign Fund	Income	Medium	Principal at medium risk	=>15	**Type A Units** Individual - 1.5% Corporate - Nil **Type B Bachat Units -** Nil	Nil	**Type A Units** Nil **Type B Bachat Units** 3% if redeemed before completion of two years from the date of initial investment. 0% if redemption after completion of two years from the date of initial investment.
Pakistan Income Enhancement Fund	Aggressive Fixed Income	Medium	Principal at medium risk	=>15	**For Type A Units:** For Individual - 2% For Corporate - Nil **For Type B Units:** For Individual - 2% For Corporate - Nil For Type C Bachat Units - Nil	Nil	**Type A Units & Type B Units Nil** **Type C "Bachat" Unit** 3% if redeemed before completion of two (2) years from the date of initial investment. 0% if redemption after completion of two (2) years from the date of initial investment.
MCB Pakistan Asset Allocation Fund	Asset Allocation	High	Principal at high risk	=>22	**Growth & Cash Dividend Units** Front End Load for other than online / Website Investor (s)...3% Front End Load for online / website Investor (s)..... Nil Bachat Units (Two Years) Nil Bachat Units - 3 Years Option - Nil	Nil	**Growth & Cash Dividend Units** **Bachat Units - 2 Years** 3% if redeemed before completion of one year (12 months) from the date of initial investment. 2% if redeemed after completion of one year (12 months) but before two years (24 months) from the date of initial investment. 0% if redemption after completion of two years (24 months) from the date of initial investment. **Bachat Units - 3 Years** 3% if redeemed before completion of one and a half year (18 months) from the date of initial investment. 2% if redeemed after completion of one and a half year (18 months) but before three years (36 months) from the date of initial investment. 0% if redemption after completion of three years (36 months) from the date of initial investment. Class "B" Units Year since purchase of units Backend Load First 3% Second 2% Third 1% Fourth and beyond 0%
MCB Pakistan Dividend Yield Plan (An Allocation Plan of MCB Pakistan Opportunity Fund)	Asset Allocation Plan	High	Principal at high risk	=>22	"Individual 0% to 3% Corporate Nil"	Nil	Nil
Pakistan Capital Market Fund	Balanced	High	Principal at high risk	=>22	Individual 2% Corporate Nil	Nil	Nil
MCB Pakistan Stock Market Fund	Equity	High	Principal at high risk	=>22	**Growth Units** Individual - 3% Corporate - Nil Bachat Units - Nil	Nil	**Growth Units** - Nil **Bachat Units** 3% if redeemed before completion of two years from the date of initial investment. 0% if redemption after completion of two years from the date of initial investment.
MCB Government Securities Plan I (An Allocation Plan of MCB Government Securities Fund)	Income	Medium	Principal at Medium Risk	=>15	Upto 2%	Nil	Nil
MCB Investment Savings Plan I (An Allocation Plan of MCB Investment Savings Fund)	Aggressive Fixed Income	Medium	Principal at Medium Risk	=>15	Upto 1%	Nil	Nil
MCB Financial Sector Fund	Equity	High	Principal at High Risk	=>22	Upto 3%	Nil	Nil
MCB Money Market Fund	Money Market	Low	Principal at Low Risk	=>11	Upto 1.5%	Nil	Nil
SHARIAH COMPLIANT							
Alhamra Cash Management Optimizer	Shariah Compliant Money Market	Low	Principal at low risk	=>11	1%	Nil	Nil
Alhamra Islamic Money Market Fund	Shariah Compliant Money Market	Low	Principal at low risk	=>11	Upto 1%	Nil	Nil
Alhamra Islamic Income Fund	Shariah Compliant Islamic Income	Medium	Principal at medium risk	=>15	**Class A Units Individual - 1.5%** **Corporate - Nil** **Class B Units 0.75%** **Bachat Units Nil**	Nil	**Class A Units - Nil** **Class B Units** 0.75% on redemption in the first (1st) year from the date of investment 0.5% on redemption in the second (2nd) year from the date of investment 0.0 % on redemption after completion of two (2) years from the date of investment **Bachat Units** 3% if redeemed before completion of two years from the date of initial investment. 0% if redemption after completion of two years from the date of initial investment.
Alhamra Daily Dividend Fund	Shariah Compliant Islamic Income	Low	Principal at low risk	=>11	1%	Nil	Nil
Alhamra Islamic Asset Allocation Fund	Shariah Compliant Islamic Asset Allocation	High	Principal at high risk	=>22	**Type A Units** Individual - 3% Corporate - Nil **Type B Units -** Nil **Type C - Bachat Units -** Nil	Nil	**Type A Units -** Nil **Type B Units** 3.0% for first year after investment 2.0% for second year after investment 1.0% for third year after investment Nil for redemptions after completion of 3 years from investment **Type C - Bachat Units** - Two Years Option 3% if redeemed before completion of one year (12 months) from the date of initial investment. 2% if redeemed after completion of one year (12 months) but before two years (24 months) from the date of initial investment. 0% if redemption after completion of two years (24 months) from the date of initial investment. **Type C - Bachat Units** - Three Years Option 3% if redeemed before completion of one and a half year (18 months) from the date of initial investment. 2% if redeemed after completion of one and a half year (18 months) but before three years (36 months) from the date of initial investment. 0% if redemption after completion of three years (36 months) from the date of initial investment."
Alhamra Islamic Stock Fund	Shariah Compliant Islamic Equity	High	Principal at high risk	=>22	**Type B Units** Individual - 3% Corporate - Nil **Bachat Units** - Nil	Nil	**Type B Units** - Nil **Bachat Units** - 2 Years Option 3% if redeemed before completion of two years from the date of initial investment. 0% if redemption after completion of two years from the date of initial investment. **Bachat Units** - 3 Years Option 3% if redeemed before completion of three years from the date of initial investment. 0% if redemption after completion of three years from the date of initial investment.
Alhamra Opportunity Fund Dividend Strategy Plan (ALHOP DSP)	Shariah Compliant Islamic Equity	High	Principal at high risk	=>22	Individual 0% to 3% Corporate Nil	Nil	Nil
Alhamra Smart Portfolio	Fund of Funds Scheme	Medium	Principal at medium risk	=>15	Upto 3%	Nil	Nil
Alhamra Government Securities Plan I (An Allocation Plan of Alhamra Government Securities Fund)	Shariah Compliant Islamic Income	Medium	Principal at medium risk	=>15	Upto 2%	Nil	Nil
Alhamra Islamic Investment Savings Fund	Shariah Compliant Islamic Income	Medium	Principal at medium risk	=>15	Upto 1.5%	Nil	Nil
Alhamra Islamic Energy Fund	Shariah Compliant Islamic Equity	High	Principal at high risk	=>22	Upto 1.5%	Nil	Nil
Alhamra Islamic Cash Fund	Shariah Compliant Money Market	Low	Principal at low risk	=>11	Upto 1.5%	Nil	Nil

Name of Administrative Plan	Risk Profile	Risk of Principal Erosion	Investor Eligible Score
CONVENTIONAL			
Smart Portfolio	Medium	Principal at medium risk	=>15