

Please select purpose (any one): ☐ DORMANCY REMOVAL

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 ہم یائی آن بات کو تنتی نامیا ہے کہ آپ کا در خواست قارم موسول برائے ہم یکی آب کو دیتے ہے تھی مکسل طریقے ہے پر اور و شخط شروہ دو روخواست قارم موسول ہوئے ہے تھی مکسل اور ایس انجم ایش مطلح کریں گے۔

If no option is selected, Record will be updated

his form should be filled in block	capital letters		KYC,	, FATCA AND CRS-1 FORM FOR EXISTING/ JOINT	UNIT HO)LDERS			
DATE:		THIS KYC FO	ORM SHO	ULD BE FILLED BY PRINCIPAL HOLDER, JOINT HOLDER, GUARDIAN AND ULTIMATE !	3ENEFICIARY 8	SEPARATELY			
NAME AS PER CNIC/NICOP/PASSPORT			-						
CNIC/NICOP/PASSPORT NUMBER				Registration No.					
KNOW YOUR CUSTOMER SECTION									
RESIDENTIAL STATUS	Resident Pakistani		Non - Res	ident Pakistani Resident Foreign National Non - Resident	Foreign Natio	nal			
PERMANENT RESIDENT IN PAKISTAN TO BE FILLED BY NICOP HOLDERS ONLY)	Yes		No						
NATIONALITY OTHER THAN PAKISTAN)	1. NATIONALITY			2. NATIONALITY					
EDUCATION	Under Graduate Technical Qualification	Gradua Illiterate		Post Graduate Professional Qualification Sh	ariah Qualifica	tion			
OCCUPATION	Armed Forces Service (A) Private Service (D)				t Service (C)	(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 BETTELLED IN OASE OF A, U, &E)					
TO BE FILLED IN CASE OF B)									
PROFESSION	Accountant Advocate/ Lawyer Agriculturist/ Dairy Farmer Antique Dealer Architect Archi								
	Jeweller Journalist Judge Labourer Landlord Manufacturer Soldier Student Mechanic Media Person Notary Public Nurse N								
	Transporter Wholesaler Pharmacist Plumber Police Officer Real Estate Agent 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 Salary Income 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/- From Rs. 12,500,001/- TO RS. 2,500,001/- TO RS. 2,500,001/- TO RS. 5,000,000/- From Rs. 12,500,001/- TO RS. 15,000,000/- From Rs. 12,500,001/- TO RS. 15,000,000/- From Rs. 15,000,001/- TO RS. 20,000,000/- From Rs. 2,500,001/- TO RS. 20,000,000/- From Rs. 20,000,001/- TO RS. 25,000,000/- From Rs. 20,000,000/- From Rs. 20,000,000/-								
ARE YOU OR HAVE YOU EVER BEEN EN FOLLOWING FUNCTIONS EITHER IN PA		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	igwdot				
SENIOR POLITICIAN				SENIOR POLITICIAN	<u> </u>				
SENIOR GOVERNMENT OFFICIAL				SENIOR GOVERNMENT OFFICIAL	\vdash				
SENIOR JUDICIAL OFFICIAL SENIOR MILITARY OFFICIAL				SENIOR JUDICIAL OFFICIAL SENIOR MILITARY OFFICIAL	 				
SENIOR MILITARY OFFICIAL SENIOR EXECUTIVE OF STATE OWNED CORPORATIONS				SENIOR EXECUTIVE OF STATE OWNED CORPORATIONS					
MPORTANT 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 REFU F YES THEN PLEASE EXPLAIN REASON		ITUTION IN PA	AKISTAN C	OR ABROAD? YES NO					
F YOU ARE ACTING AND INVESTING ON PLEASE PROVIDE THE FOLLOWING DE	N BEHALF OF ANY OTHER PER TAILS OF THE ULTIMATE BENE	FICIARY.		FICIARY) THROUGH PHYSICAL PAYMENT INSTRUMENT, ANY LEGITIMATE RELATIONSHIP WITH THE CUSTOMER AND PROVIDING FUNDS FOR INVESTMENT FICIAL OWNER OF THE FUNDS INVESTED.	YES N	NO O			
PURPOSES. IF YOU DO NOT DISCLOSE THE ULTIMAT	E BENEFICIARY, WE WILL ASSUME THAT	YOU ARE THE ULT	IMATE BENEI	FICIAL OWNER OF THE FUNDS INVESTED.					
CNIC/NICOP/ PASSPORT NUMBER									
RELATIONSHIP WITH THE CUSTOMER									
				IS CORRECT, COMPLETE AND UP-TO-DATE TO THE BEST OF MY KNOWLEDO SPECTS. I WILL INFORM THE MANAGEMENT COMPANY IF THERE IS ANY CHANG					



FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA") SE					
This section of Account Opening Form must be complete fill this section separately.	d by Individual/ Sole Proprietor Investor	who wishes to open an investor ac	count with .	Each Joint Holder is required to	
Please complete in BLOCK LETTERS					
Name:	Co	ountry of Residence:			
Country of Birth:	stions:				
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 Resider	t Card (Green Card)?		No	Yes	
4. Are you registered in the US as a tax paye		T 11 115 11 11 1 1 1 1	No	Yes	
Note: If answer to any of the above-mentioned questions is "Ye Declaration:	s then please complete Form W-9 Request to	or raxpayer identification Number and C	Sertification .		
I hereby confirm that the information provided about 2. Subject to applicable local and foreign laws, I here limitation branches) to share my information with a Subject to the requirements of domestic or overse account(s) such amounts as may be required acc I hereby undertake not to initiate any proceeding account and remitted to the local or foreign author 5. I hereby undertake that I have not granted a Power 1 hereby undertake that I have no intention to set 1. I hereby undertake to notify MCBIM within thirty (3. I further agree and accept that the terms and continuous provided about 1.	by consent for MCBIM, the Trustee of the Co- lomestic and overseas tax authorities, where it as laws, I consent and agree that MCBIM or it ording to applicable laws, regulations and direct against MCBIM and the Trustee of the Colle tites/regulators; or of Attorney to a person who has an address appropriate that the propriet of the collection of the col	necessary to establish my tax liability in ne Trustee of the Collective Investment ctives; ctive Investment Schemes/ Voluntary F outside Pakistan to operate the Investo king account(s) and beneficiary accour information whatsoever which I have p	any jurisdictio Schemes/ Volu Pension Schem or Account (eith at(s) in a count provided to MC	n; untary Pension Schemes may withhold from m nes in case any amounts are withheld from my ner physically or electronically); ry outside Pakistan; BBIM; and	ny
as well other documentation shall remain in full f	orce and effect.			Signature/ Left Hand Thumb Impression (ma Right Hand Thumb Impression (female)	ıle)/
NDIVIDUAL TAX RESIDENCY SELF-CERTIFICATION SECTIO	N (CPS 1)			ragin ratio mans impression (remails)	
Please complete Parts 1-3 in BLOCK CAPITALS.	((010-1)				
Fields marked with a * are mandatory. Fill and complete Part 2 only if Tax Residency is other t	oon LISA & Pakistan athonyisa mark " Not	Applicable (N/A)"			
PART 1 – IDENTIFICATION OF INDIVIDUAL ACCOUNT HOLDE		Applicable (1477)			
A. NAME OF ACCOUNT HOLDER					
FAMILY NAME OR SURNAME(S)*					
AWILT WANTE ON GONVANIE(G)					
TITLE					
FIRST OR GIVEN NAME*					
MIDDLE NAME(S)					
B. CURRENT RESIDENCE ADDRESS					
LINE 1 (E.G. HOUSE/APT/SUITE NAME, NUMBER, STREET, if	anv)*				
	2019)				
LINE 2 (E.G. TOWN/CITY/PROVINCE/COUNTY/STATE)*					
COUNTRY*					
POSTAL CODE/ZIP CODE (if any)*					
C. MAILING ADDRESS (PLEASE ONLY COMPLETE IF DIFFER	ENT TO THE ADDRESS SHOWN IN SECTION	ON 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)					
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/JURISDIC	TION OF TAX RESIDENCE	TIN		IF NO	TIN AVAILABLE	ENTER REASON A, B OR C			
1									
2									
3									
Please explain in the following box	es why you are unable to obtain a TIN if yo	ou 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 mylour identification document(s). I/We hereby allow the Management Company to verify mylour bank account number(s) and mobile number(s)through independ									
SIGNATURE*									
PRINT NAME*									
DATE*									
NOTE: IF YOU ARE NOT THE ACCEPTIFIED COPY OF TH		E CAPACITY IN WHICH YOU ARE SIGNIN	NG THE FORM	I. IF SIGNING	G UNDER A POWE	ER OF ATTORNEY PLEASE ALSO ATTACH A			
CAPACITY*									
INVESTMENT FACILITATOR / DI	STRIBUTOR DETAILS (FOR OFFICIAL US	SE ONLY)							
Please write the complete address	of the premises where you visited the cust	omer:							
HAVE YOU SEEN ORIGINAL CNI	C/NICOP OF THE CUSTOMER?	YES N	10						
HAS THE CUSTOMER SIGNED IN YOUR PRESENCE? YES NO									
	GE IN THE APPEARANCE OF THE CUSTOR IT IN THE APPEARANCE OF THE CUSTOR IT IN THE CUST	OMER WHEN COMPARED WITH HIS/HE	ER PICTURE O	N CNIC/NICC)P?				
	nt of the Customer and I have not identified		suspicion rela	ting to money	laundering and/or	financing terrorism about the Customer. I will			
DISTRIBUTOR / FACILITATOR NA		o outfullet.	CODE			Diatributaria Ct			
BRANCH NAME			CITY	<u> </u>		Distributor's Stamp with date and time			
REGISTRAR DETAILS (FOR OF	FICIAL USE ONLY)								
	FORM RECEIVED BY				Name a	nd Signature			
Date and Time Stampi		ACHMENTS VERIFIED BY				nd Signature			
	DATA INPUT BY				Name a	nd Signature			



CUSTOMER BUILDINGE SECTION									
CUSTOMER DUE DILIGENCE SECTION									
(This Section should be filled by Sales Staff / Distributor / Authorized Representative in presence of the Customer)									
TYPE OF ACCOUNT In		Individual Account							
PURPOSE OF ACCOUNT	Investment 8	Savings			, —				
DATE OF VERIFICATION OF THE IDENTITY DOCUMENT									
DATE OF ISSUANCE ON THE IDENTITY DOCUMENT	D D	D M M Y Y Y							
DATE OF EXPIRY ON THE IDENTITY DOCUMENT	D D								
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?	S NO								
IS THE CUSTOMER BELONG TO CHAMAN, TORKHAM, TAFTA [FATA REGION INCLUDES BAJAUR AGENCY, MOHMAND AGE			ZAI AGENCY,	KURRAM AGEN	CY, NORTH	H WAZIRIST	AN AGENCY, SOUTH WAZIRIS	YES YES STAN AGENCY] NO	
IS THE CUSTOMER INVOLVED IN ANY OF THE FOLLOWING D	ESIGNATED N	ON-FINANCIAL F	BUSINESSES	AND PROFESS	ION (DNFB	Ps)?			
REAL ESTATE AGENT, BUILDER OR DEVELOPER	YES [NO	DE	ALER IN PRECI	OUS META	LS INCLUD	ING JEWELLER	YES NO	
DEALER IN PRECIOUS STONES INCLUDING GEM DEALER	YES _	NO	AN	ITIQUE DEALER	R			YES NO	
SELF EMPLOYED LAWYER/ ADVOCATE/ NOTARY	YES [NO	SE	LF EMPLOYED	ACCOUNTA	ANT/ AUDIT	OR	YES NO	
SELF EMPLOYED LEGAL/ FINANCIAL/ TAX CONSULTANT	YES _	NO	PA	RTNER IN LEGA	AL/ PROFES	SSIONAL FI	IRM	YES NO	
IS THE CUSTOMER INVOLVED IN MONEY EXCHANGE BUSIN	ESS, LOW PRO	FILE INTERNET	FBASED BUS	INESS OR CRYI	PTO CURRE	ENCY BUSI	NESS? YES	NO	
HAS THE CUSTOMER PROVIDED THE DETAILS OF ANY ULTIM	MATE BENEFIC	IARY?	YES	NO [IF	YES, PLEAS	SE COMPLE	ETE KYC FORMALITIES OF ULTI	MATE BENEFICIARY)	
EXPECTED TYPE OF COUNTER PARTIES Self Other		ate Beneficiary elected then ple		Iltimate Benefic	iary Only		Self and Employer	Employer only	
	Pakistan		tside Pakistan	ı If "Ou	ıtside Pakist	tan" is selec	ted then please specify country		
All Schemes Shariah Compliant High Risk Schemes Shariah Compliant Wedium Risk Schemes Shariah Compliant Very Low Risk Schemes High Risk Schemes Shariah Compliant Very Low Risk Schemes High Risk Schemes Wery Low Risk Schemes High Risk Schemes Wery Low Risk Schemes Schemes High Risk Schemes Sche									
EXPECTED SERVICES WHICH THE CUSTOMER WOULD LIKE	TO USE	All Servi			ok conome		Low Prior Continue	very zew rack continues	
EXPECTED SERVICES WHICH THE COSTOMER WOOLD LIKE TO USE All ServiceS All Channels SAVE Online Portal Only Through Sales Agent Only Through Sales Agent Only Sales Agent Only DELIVERY CHANNEL(S) WHICH THE CUSTOMER WOULD LIKE TO USE									
		- I		rtal & Distributo					
NUMBER OF YEARS OF EXPERIENCE OF THE CUSTOMER AS	S AN EMPLOYE	E OR BUSINES	SMAN OR PA	RTNER OR SHO	P KEEPER	l .			
ANNUAL INCOME/ ANNUAL SALARY OF THE CUSTOMER									
ESTIMATED NET WORTH OF THE CUSTOMER (Annual income / Annual salary x 20% x No. of years of expe	rience)								
EXPECTED INVESTMENT TRANSACTIONS IN A YEAR (RUPER (THIS FIGURE SHOULD COMMENSURATE WITH THE ESTIMATED NET WORTH ANNUAL INCOME OF THE CUSTOMER)	ES) rh & U	UPTO RS. 3,000,000/- UPTO RS. 4,000,000/- U				UPTO RS. 1,000,000/- UPTO RS. 5,000,000/- UPTO RS. 9,000,000/-	UPTO RS. 2,000,000/- UPTO RS. 6,000,000/- UPTO 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 (RUPE	ES) U	UPTO RS. 500,000/- UPTO RS. 3,000,000/- UPTO RS. 4,000,000/- UPTO RS. 7,000,000/- UPTO RS. 10,000,000/-			,000,000/-	<u> </u>	UPTO RS. 1,000,000/- UPTO RS. 5,000,000/- UPTO RS. 9,000,000/-	UPTO RS. 2,000,000/- UPTO RS. 6,000,000/- UPTO 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	SATIS	SFACTORY		UNSATISFACT	TORY				
PREPARER:									
NAME OF SALES AGENT / AUTHORIZED REPRESENTATIVE						CODE OF THE SALES AG	GENT		
SIGNATURE OF THE SALES AGENT / AUTHORIZED REPRESENTATIVE									
REVIEWER:	1								
NAME OF SALES AGENT / AUTHORIZED REPRESENTATIVE							CODE OF THE SALES AG	SENT	
SIGNATURE OF THE SALES AGENT / AUTHORIZED REPRESE	ENTATIVE								
	MC	R INIVESTM	ENT MAN	AGEMENT I	IMITED			ļ	