



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 اپنیک 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. \_\_\_\_\_

DATE: \_\_\_\_\_ Please write in block letters using black ink

1. INSTITUTIONAL INVESTOR'S DETAILS (MANDATORY INFORMATION)

NAME OF THE INSTITUTION, INCORPORATION/ REGISTRATION NUMBER, DATE OF INCORPORATION/REGISTRATION, PLACE OF INCORPORATION, NAME AND DESIGNATION OF CONTACT PERSON, NAMES OF SENIOR MANAGEMENT OF THE INSTITUTION, TAX EXEMPTION STATUS FOR DIVIDEND, TAX EXEMPTION STATUS FOR CAPITAL GAIN TAX, INSTITUTION STATUS

2. KNOW YOUR CUSTOMER (KYC) - MANDATORY INFORMATION

(a). NATURE OF BUSINESS: MANUFACTURING, REAL ESTATE/ BUILDERS, WHOLESALER, RETAILER, INSURANCE SERVICES, DISTRIBUTION SERVICES, JEWELLER/ PERCIOUS METAL & STONES DEALER, EXPLORATION, RENTAL SERVICES, IMPORT/ EXPORT, LEGAL & CONSULTANCY SERVICES, AGRICULTURE & AGRICULTURE PRODUCTS, DAIRY FARMING & DAIRY PRODUCTS, OTHERS, BANKING SERVICES, MARKETING SERVICES, WELFARE/ CHARITABLE WORK, RETIREMENT BENEFITS, NON-BANKING FINANCIAL SERVICES

(b). Has your account ever been refused by any financial institution (Bank/ DFI/ NBFC, etc.) in Pakistan or abroad? Yes No

(c). DOES YOUR INSTITUTION RECEIVE ANY TYPE OF DONATIONS? Yes No

(d). NAME OF GROUP COMPANIES, if any

(e). NAME AND CNIC NO. OF CEO/ MANAGING DIRECTOR/ PRESIDENT/ PRINCIPAL TRUSTEE

(f). NAME(s) AND CNIC NUMBER(s) OF DIRECTOR(s)/ PARTNER(s)/ TRUSTEE(s)/ MEMBER(s) OF GOVERNING BODY/ MEMBER(s) OF EXECUTIVE COMMITTEE

(g). PLEASE PROVIDE THE FOLLOWING DETAILS OF INDIVIDUAL (NATURAL PERSON) SHAREHOLDERS HOLDING 25% OR ABOVE STAKE IN YOUR INSTITUTION.

(h). PLEASE PROVIDE THE FOLLOWING DETAILS OF INDIVIDUAL (NATURAL PERSON) IF ANY, WHO EXERCISE SIGNIFICANT INFLUENCE ON YOUR INSTITUTION OR HAS AN EXECUTIVE AUTHORITY IN YOUR INSTITUTION OR IN EQUIVALENT OR SIMILAR POSITIONS AND NOT COVERED IN (e), (f), & (g) ABOVE

Account Opening Form For Institutions Only



**(i). PLEASE PROVIDE THE FOLLOWING DETAILS OF THE LEGAL PERSONS HOLDING SHARES EQUAL TO 25% OR ABOVE IN YOUR INSTITUTION**

NAME OF LEGAL PERSON	NATURE OF BUSINESS	% OF SHAREHOLDING

**(j). PLEASE PROVIDE THE FOLLOWING DETAILS OF THE INDIVIDUAL (NATURAL PERSON) HOLDING SHARES EQUAL TO 25% OR ABOVE OF THAT LEGAL PERSON MENTIONED IN (h) ABOVE**

NAME OF INDIVIDUAL (NATURAL PERSON) SHAREHOLDER	CNIC/ NICOP/ PASSPORT NO.	% OF SHAREHOLDING IN A LEGAL PERSON

**(k). PLEASE PROVIDE THE DETAILS OF BENEFICIAL OWNERS OF THE INSTITUTION IF NOT DISCLOSED IN (f), (g), (h), (i), & (j) ABOVE.**

NAME OF BENEFICIAL OWNER	CNIC/ NICOP/ PASSPORT NO.	DETAILS OF BENEFICIAL OWNERSHIP

**3. CONTACT DETAIL (Mandatory Information)**

BUSINESS ADDRESS			
ADDRESS OF THE REGISTERED OFFICE (IF DIFFERENT FROM BUSINESS ADDRESS)			
TELEPHONE NO. OF THE CONTACT PERSON		MOBILE NUMBER OF THE CONTACT PERSON	
EMAIL ADDRESS OF THE CONTACT PERSON		FAX NO. OF THE INSTITUTION	

**4. STATEMENT OF ACCOUNT DELIVERY INSTRUCTIONS**

Please select any ONE nature of correspondence 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 (Mandatory Information)**

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

**6. ACCOUNT OPERATING INSTRUCTIONS (Mandatory Information)**

SINGLE SIGNATORY     ALL AUTHORIZED SINGATORIES     JOINTLY (ANY TWO)     OTHER (please specify) \_\_\_\_\_

**7. FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA") SECTION**

To be Completed by customers who wish to open an investor account For **Entities (for eg: Corporation, Trust, Association, Partnership etc)**

1. In case the country of incorporation is in the United States, please complete Form W-9, "Request for Taxpayer Identification Number and Certification", otherwise please complete Form W8-BENE, "Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities)".

2. Please complete the table below concerning any persons holding a greater than 10% beneficial ownership in the entity:

SERIAL NO.	NAME OF BENEFICIAL / SUBSTANTIAL OWNER	ADDRESS OF THE BENEFICIAL OWNER	%AGE OF SHAREHOLDING	IS THE BENEFICIAL OWNER A US PERSON ?		ANY NATIONALITY/ CITIZENSHIP/COUNTRY OF INCORPORATION ( IN CASE OF ENTRY ) OTHER THAN PAKISTAN?	
				YES	NO	YES (PLEASE SPECIFY)	NO

3. Please write "Yes" if any statement below applies to you, otherwise please write "No".

3.1 We have granted a Power of Attorney to a person/ authorized person who has an address outside Pakistan to operate the banking account (either physically or electronically): Yes  No   
 If "Yes", please fill the following:

Name of authorized person: \_\_\_\_\_ Address: \_\_\_\_\_ City/District \_\_\_\_\_ Postal Code \_\_\_\_\_ Name of Country: \_\_\_\_\_

Name of authorized person: \_\_\_\_\_ Address: \_\_\_\_\_ City/District \_\_\_\_\_ Postal Code \_\_\_\_\_ Name of Country: \_\_\_\_\_

Name of authorized person: \_\_\_\_\_ Address: \_\_\_\_\_ City/District \_\_\_\_\_ Postal Code \_\_\_\_\_ Name of Country: \_\_\_\_\_

3.2 We intend to/will set up Payment Standing Instruction(s) for the banking account and the beneficiary account(s) is in country other than Pakistan: Yes  No   
 If Yes, please fill the following:

Beneficiary Account Number: \_\_\_\_\_ Country: \_\_\_\_\_

Beneficiary Account Number: \_\_\_\_\_ Country: \_\_\_\_\_

Beneficiary Account Number: \_\_\_\_\_ Country: \_\_\_\_\_

4. (a) We hereby undertake and confirm that the information provided by us hereinabove is true, accurate and complete.

(b) Subject to applicable local and foreign laws and regulations, We hereby consent to the Management Company and/or any of its affiliates (including without limitation branches) sharing our information with domestic and overseas tax authorities, where necessary to establish our tax liability in any jurisdiction.

(c) Subject to the requirement by domestic or overseas laws and regulations, We understand that the Management Company may withhold from our account(s) such amounts as may be required according to applicable laws, regulations and directives.

(d) We also undertake not to initiate any proceedings against the Management Company and / or any of its Collective Investment Scheme in case any amounts are withheld from our account and remitted to the local or foreign authorities / regulators.

(e) We hereby undertake to notify the Management Company within thirty (30) calendar days in case of any change in any information whatsoever which we have provided to the Management Company.

(f) We 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.



**8. INVESTMENT DETAIL**

NAME OF SCHEME/ INVESTMENT PLAN				
AMOUNT IN FIGURES AND WORDS	(PKR _____)			
CLASS OR TYPE OF UNITS				
MODE OF PAYMENT	CHEQUE <input type="checkbox"/>	PAY ORDER <input type="checkbox"/>	DEMAND DRAFT <input type="checkbox"/>	BANK TRANSFER <input type="checkbox"/>
	ONLINE TRANSFER <input type="checkbox"/>	REMITTANCE <input type="checkbox"/>	RTGS <input type="checkbox"/>	
DRAWN ON (BANK AND BRANCH NAME)				
INSTRUMENT NUMBER				
INCOME PAYMENT FREQUENCY (in case of income 365 units only) if Income Payment Frequency is not selected then the Management Company will assume Income Payment Frequency as "Annually".				
MONTHLY <input type="checkbox"/>	QUARTERLY <input type="checkbox"/>	HALF-YEARLY <input type="checkbox"/>	ANNUALLY <input type="checkbox"/>	

**9. DISTRIBUTION** **DEFAULT: REINVEST**

Please tick (✓) if you want distribution encashed

**10. DECLARATION AND SIGNATURES**

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

- 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;
- I/We have read and understood the relevant constitutive documents of the Scheme in which my/our institution is investing. I/We understand that all investments in Scheme are subject to market risk and the price of the Scheme's units may go down resulting in loss of principal investment;
- 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;
- I/We have been provided with the latest Fund Manager Report (FMR) of the Scheme;
- I/We understand that any amount withheld by the Management Company on account of Capital Gain Tax (CGT) against disposal, in any form, of holdings can be less than that as calculated by NCCPL which shall be collected from my/our investment account, in accordance with the relevant laws;
- I/We understand that once the investment request has been received by the Investment Facilitator/ Distributor, it cannot be cancelled; and
- I/We understand that the Management Company of the Scheme has the sole discretion to allocate/ not to allocate Units of the Scheme.
- 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.
- 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).

B. I/We hereby assure to the Management Company that I/We have disclosed the beneficial owner(s) of the Institution to the Management Company and I/We will inform the Management Company if there is any change in these beneficial owner(s).

C. 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/>.

D. I/We understand that the Management Company reserves the right to obtain identity verification services (Biometric/NADRA Verisys) from NADRA to confirm the identification documents of Directors/Trustees/Members, Beneficial Owners and Authorized Signatories of my/our Institution. I/We hereby allow the Management Company to confirm the identities of Directors/Trustees/Members, Beneficial Owners and Authorized Signatories of my/our Institution 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 bank account number(s) of my/our Institution through independent sources. I/We will not hold the Management Company liable or responsible in any manner.

**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.

**11. NAME AND SIGNATURES OF AUTHORIZED SIGNATORIES**

1. NAME	SIGNATURE
CNIC NO. <input type="text"/>	
DESIGNATION	
2. NAME	SIGNATURE
CNIC NO. <input type="text"/>	
DESIGNATION	
3. NAME	SIGNATURE
CNIC NO. <input type="text"/>	
DESIGNATION	
4. NAME	SIGNATURE
CNIC NO. <input type="text"/>	
DESIGNATION	
	COMPANY STAMP



**12. CUSTOMER DUE DILIGENCE SECTION**

(This Section will be filled by Relationship Manager in consultation with contact person of the Institution)

(a) Type of Account: Institutional/ Corporate Account (Only Institution will invest in this Account through its Authorized Signatories in Pakistan)

(b) Purpose of Account:  
 Investment       Other (Please specify): \_\_\_\_\_

(c) Expected Investment Transactions in a Year (Rupees)

UPTO RS. 5,000,000/- <input type="checkbox"/>	UPTO RS. 10,000,000/- <input type="checkbox"/>	UPTO RS. 25,000,000/- <input type="checkbox"/>	UPTO RS. 50,000,000/- <input type="checkbox"/>	UPTO RS. 75,000,000/- <input type="checkbox"/>
UPTO RS. 100,000,000/- <input type="checkbox"/>	UPTO RS. 500,000,000/- <input type="checkbox"/>	UPTO RS. 1,000,000,000/- <input type="checkbox"/>	ABOVE RS. 1,000,000,000/- <input type="checkbox"/>	UPTO RS. 75,000,000/- <input type="checkbox"/>

(d) 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"/>
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(e) Expected Redemption Transactions in a Year (Rupees)

UPTO RS. 5,000,000/- <input type="checkbox"/>	UPTO RS. 10,000,000/- <input type="checkbox"/>	UPTO RS. 25,000,000/- <input type="checkbox"/>	UPTO RS. 50,000,000/- <input type="checkbox"/>	UPTO RS. 75,000,000/- <input type="checkbox"/>
UPTO RS. 100,000,000/- <input type="checkbox"/>	UPTO RS. 500,000,000/- <input type="checkbox"/>	UPTO RS. 1,000,000,000/- <input type="checkbox"/>	ABOVE RS. 1,000,000,000/- <input type="checkbox"/>	UPTO RS. 75,000,000/- <input type="checkbox"/>

(f) 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"/>
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(g) Expected distribution/ delivery channel(s) which the customer would like to use  
 ALL CHANNELS       THROUGH RELATIONSHIP MANAGER ONLY       THROUGH DISTRIBUTOR ONLY       OTHER (PLEASE SPECIFY) \_\_\_\_\_

(h) Is the Institution Non-governmental organization (NGO)/ Not-for-profit organization (NPO)/ Charitable Institution?  
 No       Yes

(i) Is the Institution Real Estate Agency, Builder or Developer?  
 No       Yes

(j) Is the Institution dealing in precious metals (Gold, Silver, etc.) and stones (Gems)?  
 No       Yes

(k) Is the Institution involved in legal, accountancy, auditing, financial and/or tax consultancy?  
 No       Yes

(l) Overall Assessment of the Institution  
 Satisfactory       Unsatisfactory

(m) Preparer  
 Name of Relationship Manager \_\_\_\_\_ Code of Relationship Manager \_\_\_\_\_  
 Signature of Relationship Manager \_\_\_\_\_

(n) Reviewer  
 Name of Senior Sales Staff \_\_\_\_\_ Code of Senior Sales Staff \_\_\_\_\_  
 Signature of Senior Sales Staff \_\_\_\_\_

**13. INVESTMENT FACILITATOR/ DISTRIBUTOR DETAILS (FOR OFFICIAL USE ONLY)**

I confirm that i have verified the completeness of Account Opening Form and required documents. During verification, i have not identified any factor or event which may give rise to suspicion relating to money laundering and/or financing terrorism about the Institution and/or any of its directors/ partners/ trustees/ members of governing body/ members of executive committee. I will inform the Company if i identify any such factor or event in future relating to the Institution and/or any of its directors/ partners/ trustees/ members of governing body/ members of executive committee.

DISTRIBUTOR/ FACILITATOR NAME		CODE					DISTRIBUTOR'S STAMP WITH DATE AND TIME
BRANCH NAME		CITY					

**14. 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

