# Investor Account Opening Form for Individual

Al Meezan mein Itminan

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| Day | Month | Year |
|---|---|---|
| | | |

For Office Use Only AMIM-6-2023

| | |
|---|---|
| Customer ID: | |
| Portfolio No.: | |

**NOTE: ALL FIELDS IN THE FORM ARE MANDATORY UNLESS MENTIONED OTHERWISE. FILL IN THE BLOCK LETTERS WITH BLUE/BLACK PEN**

**TYPE OF ACCOUNT:** ☐ Single ☐ Joint ☐ Minor ☐ MTPF

**PRINCIPAL ACCOUNT HOLDER** **(As per Identity Document i.e. CNIC/Passport)**

Name Mr./Mrs./Ms.

Father's/Husband's Name: | Mother's Maiden Name:

CNIC/NICOP/Passport No: | Issuance Date D D M M Y Y Y Y | Expiry Date D D M M Y Y Y Y

☐ Single ☐ Married | ☐ Muslim ☐ Non Muslim | Place of Birth: | Date of Birth D D M M Y Y Y Y

Nationality: | Dual Nationality: ☐ No ☐ Yes | If Yes, please specify:

Mailing Address:

City: | Country:

Current Address **(as per CNIC):**

City: | Country:

**If Mailing Address is different from Current CNIC Address then additional document such as Utility Bill / Rental Agreement / etc. will be required**

Residential Status: ☐ Pakistan Resident ☐ Non-Resident ☐ Resident Foreign National ☐ Non-Resident Foreign National

**CONTACT DETAILS**

Email:

Tel Res/Office: | Mobile | Mobile Network:

**IN CASE OF MINOR ACCOUNT** | Name of Guardian:

Relation with Principal: | Guardian CNIC: | CNIC Expiry Date: D D M M Y Y Y Y

**BANK ACCOUNT DETAIL OF PRINCIPAL ACCOUNT HOLDER FOR REDEMPTION AND DIVIDEND PAYMENTS**

Bank Account No. (IBAN preferred)

Bank Name: | Branch: | City:

**JOINT ACCOUNT HOLDERS**

(Joint holder can be Spouses, Siblings, Parents / Grand Parents and Children. Documentary evidence i.e., CNIC, Marriage Certificate, Family Registration Certificate (FRC), etc. may be required)

**Joint Holder 1** | Relation with Principal: | Customer ID (if any):

Name

CNIC/NICOP/Passport: | Issuance Date D D M M Y Y Y Y | Expiry Date D D M M Y Y Y Y

**Joint Holder 2** | Relation with Principal: | Customer ID (if any):

Name:

CNIC/NICOP/Passport: | Issuance Date D D M M Y Y Y Y | Expiry Date D D M M Y Y Y Y

**SPECIAL INSTRUCTIONS**

Account Operating Instructions: ☐ Principal Account Holder Only ☐ Either or Survivor ☐ Any Two ☐ All

Dividend Mandate: ☐ Cash or ☐ Reinvest | Stock Dividend: ☐ Issue Bonus Units or ☐ Encash Bonus Units

Communication Mode: All communications will be sent electronically. If you wish to receive it physically, please tick mark ☐ Physical Communication.

**DETAIL ABOUT MEEZAN TAHAFFUZ PENSION FUND (MTPF) ACCOUNT** **(Applicable for MTPF Account Only)**

Expected Retirement Date D D M M Y Y Y Y | **Note:** For Pension Fund investments over Rs. 3 million, Health Questionnaire will be required for Takaful coverage.

Select any one Allocation Scheme as per Risk Profile. For Allocation proportion and related details, visit our website.

| | | | | |
|---|---|---|---|---|
| ☐ High Volatility | ☐ Medium Volatility | ☐ Low Volatility | ☐ Lower Volatility | ☐ Life Cycle Plan |
| ☐ High Volatility with Gold | ☐ Medium Volatility with Gold | ☐ Low Volatility with Gold | ☐ Lower Volatility with Gold | |
| Variable Volatility (Please select one) | ☐ 100% Debt | ☐ 100% Equity | ☐ 100% Money Market | ☐ 100% Gold |

**Principal Account Holder** **Joint Account Holder 1** **Joint Account Holder 2**

## KYC DETAILS OF PRINCIPAL ACCOUNT HOLDER

**(Mandatory for Compliance as per Regulatory requirements)**

| | |
|---|---|
| Source of Income | ☐ Business/Self-Employed ☐ Salary ☐ Pension ☐ Rent ☐ Profit/Dividend ☐ Other _____ |
| Source of Wealth | ☐ Inheritance ☐ Remittances ☐ Savings ☐ Stocks/Investment ☐ Other _____ |
| Name of Employer/Business (if Applicable): | |
| Designation: | Nature of Business: *In-case of Sole Proprietor only* |
| Education | ☐ Undergraduate ☐ Graduate ☐ Postgraduate ☐ Professional ☐ Other _____ |
| Geographies involved | **Domestic** ☐ Sindh ☐ Punjab ☐ KPK ☐ Balochistan ☐ Other _____ **International** ☐ FATF Compliant ☐ FATF Non-Compliant |
| Type of Counter Parties *In-case of Sole Proprietor only* | **Domestic** ☐ Sindh ☐ Punjab ☐ KPK ☐ Balochistan ☐ Other _____ **International** ☐ FATF Compliant ☐ FATF Non-Compliant |
| Possible Modes of Transactions | ☐ Online ☐ Physical ☐ Both — Expected No. of Transactions (Monthly) _____ |
| Expected Turnover in Account | ☐ Monthly Rs. _____ or ☐ Annually Rs. _____ |
| Expected Amount of Investment | ☐ Up to Rs. 2.5 M ☐ Rs. 2.5 M to Rs. 5 M ☐ Rs. 5 M to Rs. 10 M ☐ Above Rs. 10 M |
| Annual Income | ☐ Up to Rs. 1 M ☐ Rs. 1 M to Rs. 3 M ☐ Rs. 3 M to Rs. 6 M ☐ Rs. 6 M to Rs. 8 M ☐ Rs. 8 M to Rs. 10 M ☐ Above Rs. 8 M |

| **Please Select as applicable** | **Principal** | **Joint 1** | **Joint 2** |
|---|---|---|---|
| • Has any Financial Institution ever refused to open your (customer) account? | ☐ No ☐ Yes | ☐ No ☐ Yes | ☐ No ☐ Yes |
| • Are you (customer) financially dependent or supported by another person? | ☐ No ☐ Yes | ☐ No ☐ Yes | ☐ No ☐ Yes |
| • Do you (customer) deal in high value items such as Gold, Silver, Diamond etc.? | ☐ No ☐ Yes | ☐ No ☐ Yes | ☐ No ☐ Yes |
| • Customer's source of Wealth/Income is High Risk/Cash Incentive. | ☐ No ☐ Yes | ☐ No ☐ Yes | ☐ No ☐ Yes |
| • Do you (customer) have any links to offshore tax haven countries? | ☐ No ☐ Yes | ☐ No ☐ Yes | ☐ No ☐ Yes |

| **Are you a Politically Exposed Person (PEP) i.e. Have you ever been entrusted with any of the following function(s) either in Pakistan/ Abroad or Do any of your family member or Close Associate are PEP? (PEP definition includes following)** | **Principal** | **Joint 1** | **Joint 2** |
|---|---|---|---|
| • Head of the State or of government, senior politicians, senior government/judicial/military official of grade 20 or above, Senior executive of state-owned corporations, important political party officials, senior management or member of board of international organizations. | ☐ No ☐ Yes | ☐ No ☐ Yes | ☐ No ☐ Yes |

## RISK PROFILE DETAILS

**(Points Allocated with each category)**

| | | | | |
|---|---|---|---|---|
| **Age (in years)** | ☐ **1.** Above 60 | ☐ **2.** 50-60 | ☐ **3.** 40-50 | ☐ **4.** Below 40 |
| **Risk-Return Tolerance Level** | ☐ **1.** Lower Risk, Lower Returns | ☐ **4.** Medium Risk, Medium Returns | ☐ **8.** Higher Risk, Higher Returns | |
| **Monthly Savings** | ☐ **2.** Rs. 1,000-Rs. 25,000 | ☐ **3.** Rs. 25,000-Rs. 50,000 | ☐ **4.** Above Rs. 50,000 | |
| **Occupation** | ☐ **1.** Retired | ☐ **2.** Housewife/Student | ☐ **3.** Salaried | ☐ **4.** Self Employed / Business |
| **Investment Objective** | ☐ **2.** Cash Management | ☐ **4.** Monthly Income | ☐ **8.** Capital Growth/Long Term Savings/Retirement | |
| **Your Level of knowledge of Investments and Financial markets?** | ☐ **2.** Limited/Basic/Average | ☐ **3.** Good/Excellent | | |
| **Investment Horizon** | ☐ **2.** Less than 6 months | ☐ **4.** 6 months to 1 year | ☐ **6.** 1 to 3 years | ☐ **8.** More than 3 years |

Add the scores corresponding to above selected choices and use the table given below to find the ideal investment fund.

| | **Scores** | **Investor Portfolio** | **Fund** |
|---|---|---|---|
| **Calculate ideal Porfolio** | 33-39 | Aggressive | Equity |
| | 24-32 | Balance | Balanced |
| | 15-23 | Stable | Income |
| | 11-14 | Conservative | Money Market |

## NEXT OF KIN (Optional)

| | | | |
|---|---|---|---|
| Name | | | |
| Contact Number | | Relation with Customer | |
| Address | | | |

## BENEFICIARY DETAILS

If you are acting and investing on behalf of any other person (ultimate beneficiary), please provide the following details of ultimate beneficiary;

| | | | |
|---|---|---|---|
| Name of Ultimate Beneficiary | | | |
| Relation with Customer | | CNIC/NICOP/Passport No: | |

*Please provide copy of CNIC/NICOP/Passport as applicable.*

**Note: Ultimate beneficiary is an individual who has any legitimate relationship with the customer. If you do not disclose the ultimate beneficiary, you undertake that you are the ultimate beneficial owner of the invested funds.**

| **Principal Account Holder** | **Joint Account Holder 1** | **Joint Account Holder 2** |
|---|---|---|

# Investor Account Opening Form for Individual

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## GUIDELINES FOR INVESTORS ☐ Read and Understood

- Ensure that Bank Details, Email Address, Contact Number and other information are properly mentioned on the form.
- Ensure that you have reviewed the Fund Manager Report (FMR).
- Al Meezan does not offer any kind of fixed return on investments and all the investments are subject to market risk.
- You will receive a Welcome Letter on your provided address after materialization of Investment Account.
- You will receive an Investment Acknowledgment Letter on your provided email address after materialization of Investment amount.
- You will receive Daily/Monthly E-Statement on your provided email address (as applicable).
- In case of Minor account, it is the responsibility of the successor (where guardian is deceased) to distribute the shares among all other legal heirs in light of applicable Shariah guidelines as per your Fiqha following.
- In-case of MTPF account or singly operated (CIS) account, the deceased claim can only be made through Succession Certificate.

You will be entitled to avail the following, free Value Added Services:

| Meezan Funds Online | Al Meezan Investments Mobile App | Meezan Easy Cash Facility | Internet Banking – Available to all unit holders having Meezan Bank's Online Account | SMS Alert | Daily NAV – Through SMS and Email and Mobile Alerts Transaction Service | E-Statements

**Note:** In case of deficiency observed in any of the above provided information, the customer has to inform Al Meezan by calling on our Toll Free Number **0800-HALAL (42525)** or emailing on **info@almeezangroup.com.** If no deficiency or discrepancy reported, Al Meezan will not be responsible for the caused Losses

## NOTE AND DECLARATION STATEMENTS

I/We understand and agree that as per my/our Risk Profile, Al Meezan Investments has suggested suitable fund category to me/us but I/we can/may invest in any other fund category as per my/our discretion. I/We confirm that I/We am/are aware of associated risks with investment in suitable fund category and confirm that I/We will not hold Al Meezan responsible for any loss which may occur as a result of my/our decision. I/We further confirm that I/We have read the Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern these investment transactions. I/We also confirm having the knowledge of applicable load percentages specified on the second page of the investment form.
In case of investment in MTPF, I have no objection to the investment and allocation policy determined by the commission and I am fully aware of the risks associated with the investment policy and the allocation policy chosen to invest.

### اکاؤنٹ ہولڈر(ز) کا بیانِ حلفی اور نمونہ دستخط

میں سمجھتا ہوں/سمجھتی ہوں اور اس سے متفق ہوں کہ المیزان انویسٹمنٹ نے مجھے فنڈ کی مندرجہ بالا کیٹیگری میرے رسک پروفائل کے بنیاد پر تجویز کی ہے لیکن میں اپنی صوابدید پر کسی اور فنڈ کی کیٹیگری میں سرمایہ کاری کرسکتا ہوں/سکتی ہوں ۔ میں بذریعہ ہذا تصدیق کرتا/ کرتی/ ہوں کہ اس فارم میں فراہم کی جانے والی معلومات بشمول KYC معلومات کے، میرے/میری/ علم کے مطابق سچ اور درست ہیں ۔ میں/ جانتا/جانتی/ ہوں اور متفق ہوں کہ المیزان انویسٹمنٹ مینجمنٹ لمیٹڈ (المیزان) نے میرے رسک پروفائل (نقصان برداشت کرنے کی گنجائش/طاقت) مجھے ایک مخصوص فنڈ کیٹیگری تجویز کی ہے لیکن میں کسی بھی اور فنڈ کیٹیگری میں سرمایہ کاری کا حق محفوظ رکھتا/رکھتی/ہوں ۔ میں یہ بھی تصدیق کرتا/ کرتی/ ہوں کہ میں اس فنڈ کیٹیگری میں سرمایہ کاری کے نتیجے میں درپیش خطرات سے بخوبی آگاہ ہوں اور میں/میرے/ فیصلے کے نتیجے میں ہونے والے نقصان کی صورت میں المیزان کو ذمہ دار نہیں ٹھہراؤں گا/گی۔
میں مزید تصدیق کرتا/ کرتی/ ہوں کہ میں نے ٹرسٹ ڈیڈز، آفرنگ دستاویزات، ضمنی ٹرسٹ ڈیڈز اور آفرنگ دستاویزات پڑھ لیا ہے ۔ میں یہ بھی تصدیق کرتا/ کرتی ہوں کہ میں سرمایہ کاری کے فارم کے دوسرے صفحے پر واضح کئے گئے لوڈ پرسنٹیج سے بھی بخوبی آگاہ ہوں ۔
MTPF میں سرمایہ کاری کی صورت میں مجھے کمیشن کی جانب سے طے کی جانے والی سرمایہ کاری اور رقم مختص کرنے کی حکمت عملی پر کوئی اعتراض نہیں ہوگا اور میں سرمایہ کاری اور رقم مختص کرنے کی حکمت عملی سے درپیش خطرات سے بھی بخوبی آگاہ ہوں ۔

I/We, hereby authorize Al Meezan Investment Management Ltd. to perform necessary verification related to Nadra Verisys, IBAN, Mobile Number and other external verification as and when required to open my/our account. In case any cooperation is required to complete the verification process, I/we will facilitate Al Meezan Investment Management Ltd accordingly.

میں المیزان انویسٹمنٹس مینجمنٹ لمیٹڈ کو اختیار دیتا/ دیتی ہوں کہ وہ اکاؤنٹ کھولنے کے سلسلے میں نادرہ، IBAN، موبائل نمبر اور دیگر بیرونی معاملات حسبِ ضرورت کر سکتے ہیں ۔ تصدیق کے عمل کو مکمل کرنے کے لئے اگر کسی مدد یا تعاون کی ضرورت ہوئی تو میں المیزان انوسٹمنٹ لمیٹڈ کو ضرورت پڑنے پر مدد فراہم کروں گا/گی ۔

| Principal Account Holder | Joint Account Holder 1 | Joint Account Holder 2 |
|---|---|---|

**For Office Use Only**

## APPLICATION CHECK LIST (to be filled by Sales Officer)

| | | | | |
|---|---|---|---|---|
| Individual | ☐ Copy of CNIC(s) | ☐ Business/Employment proof | ☐ Zakat Declaration (where applicable) | ☐ Others |
| | ☐ CRS | ☐ Health Questionnaire (where applicable) | ☐ FATCA Form | |

| Sales Person's Name (Preparer) | DAO Code | Sales Person's Signature | Signature and Stamp of Distributor |
|---|---|---|---|
| | | | |

| Manager's Name and Signature (Reviewer) | Name & Signature of Reporting Person | Reporting Date | Signature and Stamp of Transfer Agent |
|---|---|---|---|
| | | | |

**REMARKS**

# FATCA Form – Individual Account

The Foreign Account Tax Compliance Act (FATCA) was signed into U.S. law on March 18, 2010. It is aimed at preventing U.S. taxpayers from using accounts held outside of the U.S. to evade taxes. Any financial institution that fails to comply with FATCA will face a 30% withholding tax on a wide range of U.S. sourced payments to its clients. Under U.S. federal tax law, Al Meezan Investment Management Ltd. (Al Meezan) is required to request certain taxpayer information from certain persons who maintain an account at Al Meezan (whether such persons are U.S. taxpayers or not). Information collected will be used solely to fulfill Al Meezan's requirements under U.S. federal tax law and will not be used for any other purpose.

## SECTION A

**(1) This section must be completed by any individual who wishes to open an account.**

**(2) Please complete this form for Principal account holder only. In case of Minor, the form should be filled by Guardian for himself as well as for the Minor.**

A. Title of Account (IN BLOCK LETTERS) _____

B. CNIC#: _____

C. Customer ID (for office use only): _____

D. Country of tax residence other than Pakistan: ☐ None ☐ USA ☐ Other _____

E. Place of Birth: City _____ State _____ Country _____

| Please tick ( ) or ✓ appropriate check box | | Documentation Required |
|---|---|---|
| 1. Are you a US Citizen | ☐ Yes ☐ No | If yes, please provide Form W-9. |
| 2. Are you a US Resident? | ☐ Yes ☐ No | |
| 3. Do you hold a US Permanent Resident Card (Green Card)? | ☐ Yes ☐ No | |
| 4. Were you born in USA? | ☐ Yes ☐ No | If yes,<br>• Please provide Form W-9, or<br>• In case you claim to be a Non-US Person; please fill Section B of this form and provide Non-US Passport and Certificate of Loss of Nationality (i.e. Form I-407). |
| 5. Standing instructions to transfer funds to an account maintained in USA | ☐ Yes ☐ No | If yes,<br>• Please provide Form W-9, or<br>• In case you claim to be a Non-US Person; please fill Section B of this form supported by other documentary evidence establishing the non-US status. |
| 6. Do you have any Power of Atiorney/ Authorized Signatory/ Mandate holder having US Address? | ☐ Yes ☐ No | |
| 7. Do you have US residence/ mailing / Sole Hold Mail address? | ☐ Yes ☐ No | If yes,<br>• Please provide Form W-9, or<br>• In case you claim to be a Non-US Person; please fill Section B of this form and provide non-US Passport and other documentary evidence establishing the non-US status. |
| 8. Do you have US telephone number? | ☐ Yes ☐ No | |

## SECTION B

This section must be filled by any individual who mark(s) any of the item number 4, 5, 6, 7 & 8 as 'Yes' but claims to be a Non-US Person along with documentary evidence.

I _____ declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct and complete. I further certify that I am not a US Person and will provide Form W-8BEN within 30 calendar days if required by IRS through Al Meezan. I undertake to notify Al Meezan within 30 calendar days if this certification becomes incorrect.

Signature: _____

**Declaration:**

I hereby confirm the information provided above is true, accurate and complete. Subject to applicable local laws, I hereby consent for Al Meezan to share my information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in any jurisdiction. Where required by domestic or overseas regulators or tax authorities, I consent and agree that Al Meezan may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.

I undertake to notify Al Meezan within 30 calendar days if there is a change in any information which I have provided to Al Meezan. I will indemnify and hold harmless Al Meezan from any loss, action, cost, expense (including, but not limited to sums paid in settlement of claims, reasonable attorneys' and consultant fees, and expert fees), claim, damages, or liability which arises or is incurred by Al Meezan in discharging its obligations under FATCA and/or as a result of disclosures to the US tax authorities.

Dated: _____

US Taxpayer Identification Number (in case of US Person): _____ Signature: _____

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# CRS SELF CERTIFICATION FORM FOR INDIVIDUAL CLIENTS

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Please fill CRS Self Certification for Joint Account Applicant also.
Even if you have already provided information in relation to the United States Government's Foreign Account Tax Compliance Act (FATCA), you may still need to provide additional information for the CRS as this is a separate regulation.

## Part 1 – Identification of Individual Account Holder

Name as per CNIC (Mr/ Mrs/ Ms): _____

Father/ Husband Name: _____ CNIC Number: _____

Date of Birth: _____ City of Birth: _____ Country of Birth: _____

Current Address: _____ Country _____

Mailing Address: _____ Country _____

## Part 2 – Country of Residence for Tax Purposes and related Taxpayer Identification Number ("TIN")

Please indicate countries where Account Holder is tax resident and TIN for each country or equivalent number. If a TIN is unavailable please provide the appropriate reason A, B or C as explained 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 unable to obtain a TIN or equivalent number (Please explain reason of not obtaining TIN);
**Reason C** - No TIN is required for that country/ jurisdiction.

| | Country of tax residence | TIN | If no TIN available enter Reason A, B or C |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.
(If the Account Holder is tax resident in more than three countries please use a separate sheet)

| | |
|---|---|
| 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 Al Meezan setting out how Al Meezan 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/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions 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 I am authorized to sign for the Account Holder) of all the account(s) to which this form relates.

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 Al Meezan within 30 days of any change in circumstances which affects the tax residency status of the individual identified above or causes the information contained herein to become incorrect or incomplete, and to provide Al Meezan with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

_____ _____

**Signature** **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.

# Investment Application Form
# Meezan Indus Hospital Support Plan

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No.: AMIM-04-2025

We do not deal in Cash, therefore please make the payment through Cross Cheque or Online Transfer.

ہم نقد رقم وصول نہیں کرتے ہیں،
لہذا کراس چیک یا آن لائن ٹرانسفر کے ذریعے ادائیگی کریں.

| Day | Month | Year |
|---|---|---|
| | | |

| Portfolio No.: | |
|---|---|

**PRINCIPAL ACCOUNT HOLDER**

| | |
|---|---|
| Name (as per CNIC) Mr./Mrs./Ms./M/s: | |
| Contact No.: | |

**Investment Detail**

| Name of Fund | Type | Amount in Rs. | Amount in Words |
|---|---|---|---|
| Meezan Sovereign Fund | MIHSP | | |
| Meezan Financial Fund of Fund* | MIHSP | | |

**Payment Instrument Details**

| Date | Cheque No. / Online Transfer | Bank Name | Branch |
|---|---|---|---|
| | | | |
| | | | |

*In case of Meezan Financial Planning Fund Please select: ☐ Aggressive ☐ Moderate ☐ Conservative ☐ Very Conservative

I/We authorize Al Meezan to redeem my units to pay requested amount at regular interval based in the above instruction. I/We authorize CDC Trustee to pay the mentioned percentage of my investment to The Indus Hospital Meezan Indus Hospital Support Plan (MIHSP) on account of;

☐ Zakat
☐ Donation

**Frequency of Payment**
☐ Monthly ☐ Quarterly
☐ Semi-Annually ☐ Annually(for MSF)

**Payment Options**
☐ 100% Profit
☐ other_____ %

**Units Mode Holdings (Optional)** ☐ Account Statement ☐ Physical Units ☐ CDS Account (mention details below)

**CDC Information: Participant/IAS ID:**

**Client/House/Investor A/c #:**

### Cooling Off Rights for Investor

- Individual investor(s) can claim refund of their first time investment in a fund (cooling off right) along with deducted front end load (if any) within the cooling off period, however this refund will be subject to the deduction of any applicable contingent load (back end load) and taxes.
- Cooling off period shall be three business days commencing from the date of issuance of Investment Acknowledgment Letter.
- Refund can be obtained by submitting written request at any of Al Meezan office/branch.
- The units held will be redeemed at the redemption price applicable on the date of submission of request (as per applicable cut off timings) and payment will be made within 6 business days.

### Note:

- Please write your Portfolio No. (if any) or CNIC No. (In case of new investor) on the front of cheque.
- In any case cash will not be accepted. If the cheque is returned unpaid, the transaction of that day will be rejected.
- For Name and type of Funds please refer to the next page.
- Please prepare payment instrument - CDC Trustee (fund name/plan name)

| Risk Profile of CIS/Plans | Risk Profile | Risk of Principal Erosion |
|---|---|---|
| Meezan Paaidaar Munafa Plan(s) | Low | Principal at Very Low Risk |
| Meezan Cash Fund \| Meezan Rozana Amdani Fund \| Meezan Mahana Munafa Plan(s) | Very Low | Principal at Low Risk |
| Meezan Daily Income Plan-I \| Meezan Sovereign Fund | Moderate | Principal at Moderate Risk |
| Meezan Capital Preservation Plan(s) \| Meezan Islamic Income Fund Meezan Strategic Allocation Fund II \| MFPF-Conservative Allocation \| MFPF-Moderate Allocation MFPF-Very Conservative Allocation | Medium | Principal at Medium Risk |
| Meezan Islamic Fund \| Al Meezan Mutual Fund \| KSE Meezan Index Fund \| Meezan Gold Fund Meezan Energy Fund \| Meezan Asset Allocation Fund \| MFPF-Aggressive Allocation Meezan Strategic Allocation Fund (III) \| Meezan Balanced Fund | High | Principal at High Risk |

**Declaration and Specimen Signature of Account Holder(s)**

I/We hereby confirm that all information provided in this form is true and correct to the best of my/our knowledge. I/We confirm that the representative of Al Meezan/distributor has explained the features and risk of the product and I/we have understood these features and risks in which I/we have agreed to invest. I/We agree that I/We shall assume sole responsibility for determining the merits or suitability of any and all advice and/or recommendations of Al Meezan before relying on the same to enter into any transaction. I/We will not hold Al Meezan responsible for any loss which may occur as a result of my/our decision. I/We further confirm that I/We have read the Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern these Investment transactions. I/We also confirm having the knowledge of applicable load percentages specified on the page 2 of this form.

I do hereby confirm that the investment being made is solely my own funds and that the funds beneficially owned by other person(s) will not be used.

Signatures of Principal/Joint Account Holder(s)

| | | |
|---|---|---|
| **Form Received By** | **Name & Signature of Reporting Agent** | **Signature and Stamp of Distributor** |
| **Order Number** | | |
| **Reporting Date** | **Trade Authorized by** | **Signature and Stamp of Transfer Agent** |
| **Order Authorized by** | | |

## Al Meezan Family of Funds for Meezan Indus Hospital Support Plan

# TITLES & GUIDELINES

| Name of Fund | Type | Load Percentages | Account Payee Titles |
|---|---|---|---|
| Meezan Sovereign Fund | MIHSP | 1.0% | CDC Trustee Meezan Sovereign Fund |
| Meezan Financial Planning Fund of Fund Aggressive Allocation Plan | MIHSP | 2.0% | CDC Trustee MFPF Aggressive Allocation Plan |
| Meezan Financial Planning Fund of Fund Moderate Allocation Plan | MIHSP | 1.5% | CDC Trustee MFPF Moderate Allocation Plan |
| Meezan Financial Planning Fund of Fund Conservative Allocation Plan | MIHSP | 1.0% | CDC Trustee MFPF Conservative Allocation Plan |
| Meezan Financial Planning Fund of Fund Very Conservative Allocation Plan | MIHSP | 1.0% | CDC Trustee MFPF Very Conservative Allocation Plan |

*Government Taxes to be applied where applicable

| DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(S) |
|---|
| I/We have read and understood the Fund Manager Report, associated charges and the Risk Level of the invested fund as mentioned above. |
| Signature of Principal/Joint Account Holder(s) (with rubber stamp in case of Institutional Clients) |

# SPECIMEN SIGNATUE CARD (دستخط کے نمونے)

Al Meezan mein Itminan hai.

Pure. Profit.

CNIC Number

Date (تاریخ) D D M M Y Y Y Y

Al Meezan Portfolio Number

Name of Principal Applicant
(Write in Block Letters with Blue/Black Pen)
پرنسپل درخواست دہندہ کا نام
(براہ کرم نیلے یا سیاہ رنگ کی سیاہی والے قلم سے بلاک الفاظ (Block Letters) میں لکھیں)

Signature for Al Meezan's Record (المیزان کے ریکارڈ کے لئے دستخط)

Signature as per CNIC (شناختی کارڈ کے مطابق دستخط)

Name of Joint Applicant 1
(پہلے مشترکہ درخواست دہندہ کا نام)

Signature for Al Meezan Funds Record (المیزان کے ریکارڈ کے لئے دستخط)

Signature as per CNIC (شناختی کارڈ کے مطابق دستخط)

Name of Joint Applicant 2
(دوسرے مشترکہ درخواست دہندہ کا نام)

Signature for Al Meezan Funds Record (المیزان کے ریکارڈ کے لئے دستخط)

Signature as per CNIC (شناختی کارڈ کے مطابق دستخط)