Investor Account Opening Form for Individual

Al Meezan mein Itminan

Pure. Profit.

Day	Month	Year

For Office Use Only **AMIM-05-2026**

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:

Maling 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 | Mobile App | Internet Banking - Available to all unit holders having Meezan Bank's Account | SMS Alert | Mobile Transaction Alert | E-Statements | WhatsApp Chatbot | IBFT & Bill Payment | RAAST Investment | ATM Facility - Meezan Bank ATM / VISA Debit card holders only.

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 انوسٹمنٹس 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 ( ) on 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, • Please provide Form W-9, or • 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, • Please provide Form W-9, or • 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, • Please provide Form W-9, or • 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: _____

CRS SELF CERTIFICATION FORM FOR INDIVIDUAL CLIENTS

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.

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)

Investment Application Form

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

Payment Instrument Details

Date	Cheque No. / Online Transfer	Bank Name	Branch

Payment Option for Saving Plans (if applicable)

☐ 100% Profit ☐ 90% Profit with capital growth
☐ 85% Profit with capital growth ☐ 80% Profit with capital growth

Frequency of Payment (if applicable)

☐ Monthly ☐ Quarterly ☐ Semi-Annually

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

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

CDS Information: Participant/IAS ID: **Client / House / Investor A/c #:**

Consent for Pre-IPO Investment's Profit: ☐ Cash ☐ Issuance of Units (subject to availability of provision in OD of respective fund)
In case of no selection, units will be issued

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 (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 day 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 investors) on the front of cheque. • In any case cash will not be accepted. If the cheque is returned unpaid, the transaction of that 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)	Very Low	Principal at Very Low Risk
Meezan Cash Fund | Meezan Rozana Amdani Fund | Meezan Mahana Munafa Plan(s) | Meezan Islamic Asaan Cash Fund	Low	Principal at Low Risk
Meezan Daily Income Plan-I | Meezan Sovereign Fund | Meezan Super Saver Plan | Meezan Munafa Plan-I	Moderate	Principal at Moderate Risk
Meezan Islamic Income Fund | 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 Dividend Yield Plan 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 have been fully informed and understand that investment in units of mutual funds/CIS are not bank deposits, not guaranteed and not issued by any person. Shareholders of AMCs are not responsible for any loss to investor resulting from the operations of any CIS launched/to be launched by AMCs unless otherwise mentioned. 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

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.

Signature of Principal / Joint Account Holder(s) with rubber stamp in case of Institutional Clients

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		

Name of Funds	Risk Profile		Recommended Investment Duration	Account Payee Title	
Meezan Islamic Fund (MIF) (Type - Growth B)	High		3-5 years & above	CDC Trustee Meezan Islamic Fund	2.00%
Al Meezan Mutual Fund (AMMF) (Type - Growth B)	High		3-5 years & above	CDC Trustee Al Meezan Mutual Fund	2.00%
KSE Meezan Index Fund (KMIF)[1] (Type - Growth B)	High		3-5 years & above	CDC Trustee KSE Meezan Index Fund	2.00%
Meezan Gold Fund (MGF)[2] (Type - Growth C)	High		3-5 years & above	CDC Trustee Meezan Gold Fund	2.00%
Meezan Energy Fund (MEF) (Type - Growth B)	High		3-5 years & above	CDC Trustee Meezan Energy Fund	3.00%
Meezan Asset Allocation Fund (MAAF) (Type - Growth B)	High		2-3 years & above	CDC Trustee Meezan Asset Allocation Fund	3.00%
Meezan Balanced Fund (MBF) (Type - Growth A)	High		2-3 years & above	CDC Trustee Meezan Balance Fund	2.00%
Meezan Dividend Yield Plan (MDYP) (Type - Growth B)	High		2-3 years & above	CDC Trustee Meezan Dividend Yield Plan	3.00%
Meezan Islamic Asaan Cash Fund (MIACF) (Type - Growth B, S-Plan)	Low		0-1 year(s) & above	CDC Trustee Meezan Islamic Asaan Cash Fund	0%
Meezan Islamic Income Fund (MIIF)[3] (Type-Growth B, Growth C, S-Plan)	Medium		1-2 year(s) & above	CDC Trustee Meezan Islamic Income Fund	1.00%
Meezan Daily Income Plan (MDIP-I)[4] (Type - Growth B, S-Plan)	Moderate		1-2 year(s) & above	CDC Trustee Meezan Daily Income Fund - MDIP-I	Up to 1.5%
Meezan Super Saver Plan[4] (Type - Growth B, S-Plan)	Moderate		1-2 year(s) & above	CDC Trustee MDIF - Meezan Super Saver Plan	0%
Meezan Sovereign Fund (MSF) (Type - Growth C and S-Plan)	Moderate		1-2 year(s) & above	CDC Trustee Meezan Sovereign Fund	1.00%
Meezan Munafa Plan-I[5] (Type - Growth B, S-Plan)	Moderate		1-2 year(s) & above	CDC-Trustee Meezan Munafa Plan-I	1.5%
Meezan Mahana Munafa Plan(s)[4] (Type - Growth B, S-Plan)	Low		0-1 year(s) & above	CDC-Trustee Meezan Mahana Munafa Plan	0%
Meezan Cash Fund (MCF) (Type - Growth C and S-Plan)[6]	Low		0-1 year(s) & above	CDC Trustee Meezan Cash Fund	0%
Meezan Rozana Amdani Fund (Type - Growth B and S-Plan)[7]	Low		0-1 year(s) & above	CDC Trustee Meezan Rozana Amdani Fund	0%
Meezan Paaidaar Munafa Plan(s)[8]	Very Low		Term Based	CDC-Trustee Meezan Fixed Term Fund<Plan Name>	0%
Meezan Tahaffuz Pension Fund (MTPF)[9]	Allocation Dependent		Minimum 60 years of age or 25 years of contribution	CDC Trustee Meezan Tahaffuz Pension Fund	3.00%
	Allocation Scheme (Minimum)				
Meezan Financial Planning Fund of Fund and Plans	**(Equity)**	**(Income)**			
Meezan Financial Planning Fund of Funds (MFPF) Aggressive Allocation Plan	65%	25%	3-5 years & above	CDC Trustee MFPF Aggressive Allocation Plan	2.00%
Meezan Financial Planning Fund of Funds (MFPF) Moderate Allocation Plan	45%	45%	2-5 years & above	CDC Trustee MFPF Moderate Allocation Plan	1.50%
Meezan Financial Planning Fund of Funds (MFPF) Conservative Allocation Plan	20%	70%	1-2 year(s) above	CDC Trustee MFPF Conservative Allocation Plan	1.00%
Meezan Financial Planning Fund of Funds (MFPF) Very Conservative Allocation Plan	0%	100%	1-2 year(s) above	CDC Trustee MFPF Very Conservative Allocation Plan	1.00%

[1] Transaction Cost of 0.25% shall be charged on purchase / convert in of units of KSE-Meezan Index Fund.
[2] Price Adjustment Charges (PAC) of 1% shall be added to NAV to determine Offer Price, and 1% shall be deducted from NAV to determine Redemption Price.
[3] In case of Investment in Meezan Islamic Income Fund (MIIF) - Growth C unit, no front-end load will be charged, however Contingent Load of 1% shall be charged if redemption / convert out is made within 6 months investment period or 0.5% between 6-12 months and 0% beyond 12 months.
[4] Minimum Investment in Meezan Daily Income Plan-I, Meezan Super Saver Plan (s) & Meezan Mahana Munafa Plan is Rs. 200, 000/- NAV will be allocated on realization of funds.
[5] Minimum investment is Rs. 1,000,000 for Meezan Munafa Plan-I.
[6] Contingent load of 0.1% shall be charged if redemption is made within 3 days of investments.
[7] Minimum Investment in Meezan Rozana Amdani Fund is Rs. 500,000/- or above. NAV will be allocated on realization of funds.
[8] Minimum Investment in Meezan Paaidaar Munafa Plan(s) is Rs. 500,000/-Subsequent Investment (during subscription) is Rs. 500,000/- and Minimum Redemption Amount is Rs. 500,000/- Contingent load shall be charged on redemption prior to initial maturity.
[9] NAV will be allocated on realization of funds.
-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)

Risk Disclosure Statement

TO BE FILLED BY INVESTOR

I/We confirm that I/we am/are investing in_____Fund and the risk level of this fund is mentioned in the table given below. I/We 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 agree that Al Meezan Investment Management Limited (Al Meezan) has advised us to select a specific fund category as per my/our risk profile. However, I/we reserve the discretion to invest in any other fund category. I/we further confirm that I/we have read the Fund Manager Report, Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern these investment/conversion transaction.

میں/ہم اس بات کی تصدیق کرتے ہیں کہ میں/ہم _____ فنڈ میں سرمایہ کاری کررہے ہیں اور اس فنڈ کے رِسک لیول کا ذکر نیچے جدول میں کیا گیا ہے۔ میں/ہم اس بات کی تصدیق کرتے ہیں کہ میں/ہم المیزان کو کسی بھی نقصان کیلئے ذمّے دار نہیں ٹھہرائیں گے جو میرے/ہمارے فیصلے کے نتیجے میں ہوسکتا ہے۔ میں/ہم مزید اتفاق کرتے ہیں کہ المیزان انویسٹمنٹ مینجمنٹ لمیٹڈ (المیزان) نے میرے/ہمارے رِسک پروفائل کے مطابق ایک مخصوص فنڈ کیٹگری کی تجویز پیش کی ہے۔ تاہم، مجھے/ہمارے پاس کسی بھی فنڈ کے زمرے میں سرمایہ کاری کرنے کی صوابدید ہے۔ میں/ہم مزید تصدیق کرتے ہیں کہ میں/ہم نے فنڈ مینجر کی رپورٹ، ٹرسٹ ڈیڈ، آفرنگ ڈاکومنٹ، ضمنی ٹرسٹ ڈیڈ اور ضمنی آفرنگ ڈاکومنٹ کو پڑھا ہے۔

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

Dated

Signature of Principal / Joint Account Holders(s)

Declaration and Specimen Signature of the Sales Person

I, _____, hereby confirm the following:

1. I have explained the risk of the fund being sold to investor
2. I have explained that the principal is at risk (in case of high risk funds) and the investor can lose money
3. I have not made or implied any guarantee with respect to return or investment amount
4. I have not quoted any fixed return percentage or amount to the investor
5. I have shown all the relevant material before finalizing the investments (i.e. FMR, Marketing Material etc)

Name & Signature of Sales Agent

Name & Signature of Immediate Supervisor

Date

Date

Adamjee Life Assurance Co. Ltd.
Window Takaful Operations
Registered Office: Office No. 505, 5th Floor,
ISE Towers, 55-B, Jinnah Avenue, Blue Area, Islamabad.
Principal Office: 3rd and 4th Floor, Adamjee House,
I.I.Chundrigar Road, Karachi - 74000.

Employee Health Questionnaire for Group Assurance

Name of Employer _____ Group Plan No. _____

Name of Investor/Participant_____ Date of Birth _____

Present Occupation _____ C.N.I.C NO: _____

TEL: (RES) _____ TEL: (OFFICE) _____ TEL: (CELL) _____

Height _____ Weight _____ Gain or Loss past Year _____

Personal Physician (Name and Address) _____

Sum of assured/covered amount _____

Terms (no of year's b/w 3 to 18 _____

	Yes	No
1) Have you ever had or been diagnosed with any of the following:		
a) High blood pressure, chest pain, stroke or any heart or circulatory trouble?	☐	☐
b) Enlarged glands or any form of cancer, tumour or disorder of the blood?	☐	☐
c) Diabetes mellitus or any disorder of the kidneys, liver or bladder?	☐	☐
d) Any disorder of the stomach or bowels?	☐	☐
e) Any disorder of the joints or vertebral column?	☐	☐
f) Shortness of breath, asthma, bronchitis or any disorder of the lungs?	☐	☐
g) Epilepsy, fits or fainting attacks, frequent headaches, nervous breakdown?	☐	☐
h) Any illness, injury or disability not mentioned above?	☐	☐
If so, please give details (date, duration, treatment, name/address of physicians) on the back signed by yourself.		
2) a) Are you presently taking medication of any kind?	☐	☐
b) Have you ever been counselled or medically advised or treated in connection with an H.I.V. infection, AIDS or any sexually transmitted disease?	☐	☐
If so, please give full particulars on the back signed by yourself		
3) Have any of your natural parents, brothers, sisters died or suffered before age 60 from diabetes mellitus, heart diseases, cancer, stroke, multiple sclerosis, mental or neurological disorders?	☐	☐
If so, please give details (age if living, present state of health, age/cause of death) on the back signed by yourself.		
4) a) Have you any life assurance or accidental death, disability, critical illness covers in force?	☐	☐
b) Have you applied for any other cover with another company at the time being?	☐	☐
c) Have any application for life, accidental death, disability, critical illness covers ever been declined or modified in plan or rate?	☐	☐
If so, please give details (sum assured, duration, reason for loading, policy interest) on the back signed by yourself.		
5) Do you smoke?	☐	☐
If so, please state your normal daily consumption of cigarettes, cigarillos, cigars or pipe:		
_____		
6) Do you drink Alcohol?	☐	☐
If so, what is your normal weekly consumption of alcohol (please state also whether beer, wine or spirits):		
_____		
7) Have you ever taken drugs other than those prescribed by a doctor?	☐	☐
If so, please give details (date, duration, type of drugs) on the back signed by yourself.		
8) Do you participate or intend to participate in any hazardous pursuits or activities (e.g. diving, motor racing, aviation)?	☐	☐
If so, please give details (e.g. diving depth, type of vehicle, type of aircraft) on the back signed by yourself.		

☐ ☐

9) Do you perform any hazardous occupational activities or foreign travels, stays?
If so, please give details (e.g. exact type of hazard, name/region of the country) on the back signed by yourself.

I hereby declare that the foregoing statements and answers are full, complete and true. I agree that they shall be the basis of the issuance of assurance for me under the Group Policy, and the ……. Assurance Company shall not be liable for any claim on account of illness, injury, or death, the cause of which was known prior to approval of my request for assurance and withheld or concealed in the above statements.

I authorize any physician, nurse, hospital official or employee to disclose to the ……. Assurance Company any and all information regarding my medical history.

_____	_____	_____
Place	Date	Signature of Investors/Participant

COVID-19 Questionnaire – This questionnaire should be completed by the applicant.

Application Number: ……

Full name of the proposed participant: ……..

Date of birth: ……..

PLEASE ANSWER FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE.

1. Do you currently have or have you had any of the following **symptoms** in the past 14 days?
   - Fever
   - Sore throat
   - Dry cough
   - Myalgia/arthralgia
   - Headache
   - Shortness of breath
   - Fatigue
   - Dysgeusia (distortion of the sense of taste)
   - Anosmia (loss of the sense of smell)

   If yes, please provide further details i.e. dates, duration, treatment, results of investigations (if any), name and address of treating doctor/clinic/hospital.

   ……

   ……

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2. Have you been tested for Covid-19? Yes No

   If Yes: Date of the test: …….

   Result of the test:

   - Covid-19 positive
   - Covid-19 negative

Have you made a complete recovery with no sequelae? Yes No

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3. Within the past 14 days have you had any contact with someone confirmed as infected with the virus ? Yes No

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4. Have you been issued any notice or directive to self-quarantine or stay home (excluding as part of altered employment arrangement) ? Yes No

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COVID-19 Questionnaire – This questionnaire should be completed by the applicant.

5. Are you currently residing outside your usual country of residence or have you returned to your usual country of residence within the last 4 weeks? Yes No

   If yes, please provide information: Country / City / Departure Date / Arrived Date / Planned return date.

   ……

   ……

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6. In the next three months, do you intend to travel outside your usual country of residence ? Yes No

   If yes, please provide information: Country / City / Date of Travel / Intended Duration

   ……

   ……

I hereby declare that the foregoing statements and answers are true and that no fact has been withheld. I agree that they shall constitute part of my application for life assurance. I understand and accept that failure to disclose a fact or giving false information may invalidate the contract or may result in non-payment of a claim.

Date : …….. Place : …….

Signature of proposed participant: