

ACCOUNT RE-ACTIVATION REQUEST FORM

To,

Alfalaha Asset Management Ltd.
Islamic Chamber of Commerce,
Industry and Agriculture Building,
2nd Floor, ST – 2/A, Block-9, KDA Scheme 5,
Clifton Karachi – 75600 Pakistan.

Folio #: _____

Client Name: _____

CNIC #: _____

I/We hereby request you to re-activate my /our account and treat this form as intimation for re-activation of the account. I/We hereby confirm that all the information provided to you with initial account opening is the same and I/We agree to provide any further documentation deemed required by Compliance Department with respect to Company's AML CFT KYC Policy and AML CFT Regulations 2018.

I am enclosing herewith copy of my valid CNIC hereto.

Client's Signature,
