



Alfalsh Investments

**Account Opening
Form A-2
(For Institutional Investors)**

ALFALAH ASSET MANAGEMENT LIMITED

2nd Floor, Islamic Chamber of Commerce, Industry and Agriculture Building, Block-9, Clifton,
Karachi - 75600 Pakistan.

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Email: aaml.is@alfalahamc.com Website: www.alfalahamc.com



Alfalah Investments
ACCOUNT OPENING FORM A-2 (FOR INSTITUTIONAL INVESTORS)

Note: Please ensure that your application form/cheque is completely filled and signed before handing it over to our representative

INVESTOR REGISTRATION NO.
(FOR OFFICE USE ONLY)
(No. A-2/MA-0001)

1. Institutional Investor's Details (Mandatory Information)

Name of Institution _____

NTN / Registration Number

Date of Incorporation / Registration : _____ Place of Incorporation : _____

Universal Identification Number (UIN) : _____
(Kindly mention the UIN if the same already exist with NCCPL)

Industry Catalogue Commercial Bank Insurance Company Pension / Provident Fund NBFC DFI
 Manufacturing NGO Trust Other (Please specify) _____

Names of Senior Management of the Institution

Deputy CEO / Deputy Managing Director _____

Chief Operating Officer _____

Company Secretary _____

Chief Financial Officer _____

Chief Compliance Officer / Head of Compliance _____

Chief Regulatory Officer _____

Registered Address _____

Correspondence Address _____

Office Phone _____ Fax Number _____ Company Website _____

Primary Contact Person Name _____ Designation _____

Phone _____ Mobile _____ Email _____
(for online access)

Alternate Contact Person Name _____ Designation _____

Phone _____ Mobile _____ Email _____

Correspondence to be sent to As Above If different (Please specify) _____

2. Authorised Signatories Name and Signature

| | | |
|--|----------------------|-----------|
| 1. Name CNIC No. Issue & Expiry date | <input type="text"/> | Signature |
| 1. Name CNIC No. Issue & Expiry date | <input type="text"/> | Signature |
| 1. Name CNIC No. Issue & Expiry date | <input type="text"/> | Signature |
| 1. Name CNIC No. Issue & Expiry date | <input type="text"/> | Signature |
| 1. Name CNIC No. Issue & Expiry date | <input type="text"/> | Signature |
| 1. Name CNIC No. Issue & Expiry date | <input type="text"/> | Signature |

3. Bank Account Details

IBAN Bank Account Title _____

Bank Name _____ Branch _____

Bank Address _____

4. Account Operating Instructions

Tick (one) as appropriate: Principal Applicant Joint Holders (Any Two) All Authorized Signatories

Other (please specify) _____

5. Distribution Payout Instructions

Please tick one Reinvested back in the Fund(s) / Plan(s).
 Distribution paid

Note: If no option is selected, any distribution (Dividend/Bonus) declared will be reinvested back in the Fund(s).

6. Standing Instruction

I/We hereby authorize and instruct Alfalah Asset Management Limited (AAML) to redeem all units standing to my/our credit in the above-mentioned Scheme one business day prior to dividend distribution and reinvest such units in the same Scheme on same day on which the units are redeemed. This is to be treated as a standing instruction in my/our above-mentioned account and shall be applicable and valid in relation to each dividend distribution date unit I/We withdraw this instruction by notice to AAML in writing. I/We will not hold AAML liable or responsible for processing such transactions on my instruction in any manner.

7. Know your Customer (KYC) (Mandatory)

(a). Nature of Business

- | | | |
|---|---|---|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Exploration | <input type="checkbox"/> Banking Services |
| <input type="checkbox"/> Real Estate/ Builders | <input type="checkbox"/> Rental Services | <input type="checkbox"/> Marketing Services |
| <input type="checkbox"/> Wholesaler | <input type="checkbox"/> Import / Export | <input type="checkbox"/> Welfare / Charitable Work |
| <input type="checkbox"/> Retailer | <input type="checkbox"/> Legal & Consultancy Services | <input type="checkbox"/> Retirement Benefits |
| <input type="checkbox"/> Insurance Services | <input type="checkbox"/> Agriculture & Agriculture Products | <input type="checkbox"/> Non-Banking Financial Services |
| <input type="checkbox"/> Distribution Services | <input type="checkbox"/> Dairy Farming & Dairy Products | |
| <input type="checkbox"/> Jewellers / Precious Metal & Stones Dealer | Others (please specify) _____ | |

(b). Has your account ever been refused by any financial institution (Bank / DFI / NBFC, etc.) in Pakistan or abroad?

No Yes (If Yes then please explain reason for refusal) : _____

(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

| Name | CNIC/ NICOP/ Passport No. & Issue Date |
|------|--|
| | |

(f). Name(s) and CNIC Number(s) of Director(s) / Partner(s) / Trustee(s) / Member(s) of Governing Body / Member(s) of Executive Committee

| Name | CNIC/ NICOP/ Passport No. & Issue Date |
|------|--|
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(g). Please Provide the Following Details of Individual (Natural Person) Shareholders Holding 25% or above Stake in your Institution.

| Name of Individual (Natural Person) Shareholder | CNIC/ NICOP/ Passport No. & Issue Date | % of Shareholding |
|---|--|-------------------|
| | | |
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(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.

| Name | CNIC/ NICOP/ Passport No. & Issue Date |
|------|--|
| | |
| | |
| | |

Authorized Signatory

Authorized Signatory

Authorized Signatory

Authorized Signatory

| (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 |
| | | |
| | | |
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| | | |

| (j). Please Provide The Following Details of the Individual (Natural Person) Holding Shares Equal to 25% or Above of that Legal Person Mentioned in (i) Above | | |
|--|---|--|
| Name of Individual (Natural Person) Shareholder | CNIC/ NICOP/ Passport No. & Issue Date | % 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. & Issue Date | Details of Beneficial Ownership |
| | | |
| | | |
| | | |
| | | |

8. Statement of Account Delivery Instructions

Please select nature of correspondence as per your convenience

Contribute to a greener future. Opt for electronic communication with Alfalah Asset Management Limited to reduce paper waste and demonstrate your commitment to sustainability. Together, we can make a positive impact on the planet.

By Email **OR** **By Post**
 (Statement of Account will be sent on transactions, Monthly and Annually) (Statement of Account will be sent on transactions and 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.

9. Foreign Account Compliance Act (FATCA) Checklist

Section A (US Entities): For Entities Incorporated in the US or under the Laws of US or Branch thereof;

Please provide Form W-9 for the Entity, complete the following details and proceed directly proceed to declaration & Signature(s).

Entity's FATCA Classification for Reporting Purpose; Specified US Person Not a specified US Person¹

US Tax Identification No. (TIN):

Section B (Non US Entities): Exempt Entities (Exempt Beneficial Owners)

• If entity falls into any of the following categories, No FATCA documentation required, please indicate as applicable & proceed to declaration & Signature(s).

Federal, Provincial, Local or Municipal Govt. Entity Wholly Owned or Controlled by Govt. Govt. Department, Judicial Entity or Armed Forces
 Foreign Mission, Embassy, Consulate or Commission Central Bank

• If the entity falls into any of the following categories, please indicate as applicable, provide W-8BEN-E form & proceed to declaration & Signature(s).

International Organisation Charitable Trust, club, Association or Society Non-Governmental or Non-profit organisation

Registration No. _____

Section C (Non US Entities): For Non-Financial Entities (NFFE)

1. Is the Entity a Listed Public Limited Company or a subsidiary of such a company? Yes No

• If Yes: Proceed directly to Question 4 below; • If No: Proceed to Next Question.

2. Did the entity earn more than 50% of its gross income for the preceding tax year from other than core activities Yes No

• If Yes: Proceed to Next Question; • If No: Proceed directly to Question 4 below.

3. Does any Specified US person (individual or entity) hold more than 10% direct or indirect shareholding in the entity?

- If Yes: Complete Table below, provide W-9 for each Substantial US Owner & W-8BEN-E for the entity & proceed to declaration & Signature(s).
- If No: Proceed to Next Question.

| Name of Substantial US Owner | Complete Address | US Tax Identification # (TIN) | Proceed Holding |
|------------------------------|------------------|-------------------------------|-----------------|
| | | | |
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| | | | |
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4. Does the entity have a Registered, Head office or Mailing Address which is in the US or a US telephone number? Yes No

- If Yes: Provide (i) A Constitution Document showing the non-US country of incorporation or registered address AND (iii) Form W8BEN-E & proceed to declaration & Signature(s).
- If No: Proceed to Next Question.

5. Has the entity assigned power of attorney or signatory authority to a person with US address? Yes No

6. Is the entity aware of any other information which may indicate to the entity's US status? Yes No

- If Yes: Provide: A Constitution Document showing the non-US country of incorporation or registered address OR alternatively provide a Form W-8BEN-E & proceed
- If No: No FATCA documentation required, please proceed to declaration & Signature(s).

Section D (Non US Entities): Financial Institutions (FFI)

1. Is the entity a Participating Foreign (Non-US) Financial Institution (PFFI)? Yes No

- If Yes: Provide from W-8BEN-E, mention GIIN below & proceed to declaration & Signature(s).
- If No: Please proceed to Next Question

Global Intermediary Identification Number (GIIN) for PFFI:

2. Beign a Non-Participating FFI (including Limited Branch of FFI), does the entity consent for Alfalah AML to report its relevant information to relevant Yes No

3. Please indicate if the entity claims any other FATCA status;

Owner Documented FFI Certified Deemed Compliant FFI Sponsored / Sponsoring FFI Other (please specify):

- For ODFFI: Provide (i) W-8BEN-E for entity (ii) Owner Reporting Statement (iii) W-9 or W-8BEN for persons identified in Reporting statement & proceed to declaration & Signature(s).
- For others: Provide Form W-8BEN-E indicating the claimed status and proceed to declaration & Signature(s).

10. Declaration & Signature(s): (Mandatory)

- I / We, the undersigned hereby declare that the above mentioned information provided by us is correct, complete and up to-date to the best of my / our knowledge and believe and I / We shall immediately update the Management Company if there is any change in such information. I / We hereby assure the Management Company that the proceed invested in the Fund(s) are not derived from Money Laundering of Illegal Activities and the source(s) of the funds declared in this Form is true and correct to the best of my / our knowledge and believe that the documents submitted along with this Account Opening Form are complete and valid in all respects;
- I / We also confirm having read and understood the Trust Deeds, offering Documents, Supplemental Trust Deeds, and Supplemental Offering Document that govern the transactions and further acknowledge understanding of the Risk involved in Mutual Funds.
- I / We , on behalf of the Entity, understand that the information provided above is being submitted to enable Alfalah AML, it's branches, affiliates, and / or subsidiaries (collectively "the Company") to comply with its obligations under FATCA and hereby confirm the information provided above is true, accurate and complete. I / We hereby consent for the Company to share Entity's required information with regulators or tax authorities, including relevant authorities as required under FATCA, where necessary / applicable to established entity's tax liability in such jurisdiction(s) where required by regulators or tax authorities (except where specified against Question 2, section D above). I / we consent and agree that, if applicable, that Company may withhold from the account of the Entity such amounts as may be required according to applicable laws, regulations and directive. I / We also agree and undertake to notify the Company within 30 calendar days if there is a change in any information of the Entity, which has been provided to the Company.
- All investments in mutual funds are subject to market risks. Past performance is not necessarily indicative of future results. Please read the Offering Document to understand the investment policies and risks involved. All returns are calculated assuming reinvested dividends. Performance data does not include the cost incurred directly by an investor in the form of sales load etc. change in any information of the Entity, which has been provided to the Company.
- Investor is fully informed and understands that investment in units of Mutual Fund/ CIS are not bank deposit, 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 AMC unless otherwise mentioned.

I/We hereby provide my/our consent to Alfalah AMC to conduct a NADRA verification process for my identity. This is necessary for the purpose of opening and maintaining Investment Account with AlfalahAMC. I understand that the verification process may involve the collection and processing of my/our personal information, which may include my name, date of birth, and CNIC number. I/We hereby authorize AlfalahAMC to use my personal information for the sole purpose of conducting the NADRA verification. I/We understand that my personal information will be kept confidential and will only be used for the purpose of conducting the NADRA verification. I/We also understand that my/our personal information will be protected in accordance with the applicable laws and regulations. I/We acknowledge

that I/We have the right to access, correct, and update my/our personal information at any time by contacting Alfalah AMC. I/We also acknowledge that I/We have the right to withdraw my/our consent at any time by notifying Alfalah AMC in writing. I/We hereby declare that the information provided by me/us for the purpose of NADRA verification is accurate and complete to the best of my knowledge.

| | | | |
|--|--|--|--|
| <hr style="width: 80%; margin: 0 auto;"/> Authorized Signatory & Company Stamp | <hr style="width: 80%; margin: 0 auto;"/> Authorized Signatory & Company Stamp | <hr style="width: 80%; margin: 0 auto;"/> Authorized Signatory & Company Stamp | <hr style="width: 80%; margin: 0 auto;"/> Authorized Signatory & Company Stamp |
|--|--|--|--|

11. Documents Required (Mandatory)

Before submitting this form, make sure the following documents are attached. If one or more of the documents are missing, your application may be declined or processed with a delay.

1. List of Authorized signatories with specimen signatures on company letter head OR certified copy
2. For Partnership

| | | |
|---|---|--|
| <input type="checkbox"/> Details of partners (Names, Address, Phone Numbers) | <input type="checkbox"/> Copy of Valid CNIC of all partners | <input type="checkbox"/> Copy of latest Financial Statements |
| <input type="checkbox"/> Certified copy of Partnership Deed | | |
3. For joint Stock Company

| | | |
|---|---|--|
| <input type="checkbox"/> Copy of Valid CNIC of all Direction / Trustees | <input type="checkbox"/> Copy of Lastest (Audited) Financial Statements | <input type="checkbox"/> Certified copy of latest Form A & Form 29 (Form II in case of Newly Incorporated Company) |
| <input type="checkbox"/> Certified copy of Memorandum and Articles of Association/Trust Deed | | |
| <input type="checkbox"/> Board/Trustee/Governing Body Resolution | | |
4. Trust, Clubs, Societies and Associations

| | |
|---|---|
| <input type="checkbox"/> Certificate of Registration/Instrument of Trusts | <input type="checkbox"/> Resolution of the Governing Body/Board of Trustees/Executive Committee, if it is ultimate governing body, for opening of account authorizing the person(s) to operate the account. |
| <input type="checkbox"/> By-laws/Rules & Regulations | <input type="checkbox"/> Latest audited financials of Institution |
5. Executors/Administrators

| | |
|--|---|
| <input type="checkbox"/> Copy of Valid CNIC of all Executors/Administrators | <input type="checkbox"/> Certified copy of Letter of Administration |
|--|---|
6. Limited Liability Partnership (LLP)
 - (i) Valid Identification Documents all the partners and authorized signatories.
 - (ii) Certified Copies of:

| | |
|--|--|
| <input type="checkbox"/> Limited Liability Partnership Deed/Agreement | <input type="checkbox"/> LLP-Form-III having detail of partners/designated partner in case of newly incorporated LLP |
| <input type="checkbox"/> LLP-Form-V regarding change in partners/ designated partner in case of already incorporated LLP | |
 - (iii) Authority letter signed by all partners, authorizing the person(s) to operate LLP account
7. NGOs/NPOs/Charities

| | | |
|--|--|---|
| <input type="checkbox"/> Valid Registration Certificate | <input type="checkbox"/> By-laws/Rules & Regulations | <input type="checkbox"/> Resolution of the Governing Body/Board of Trustees/ Executive Committee, if it is ultimate governing body, for opening of account authorizing the person(s) to operate the account. |
| <input type="checkbox"/> Any other documents as deemed necessary including its annual accounts/ financial statements or disclosures in any form | | |
| <input type="checkbox"/> Valid NPO / NGO Certificate & License | | |

Note: Tax Certificates/Affidavit are mandatory if exempted

12. Investment Facilitator Distributor Details (For Office Use Only)

| | | | | | | | | |
|------------------------------|--|------|--------------------|--|--|--|--|---|
| Distributor/Facilitator Name | | Code | | | | | | Distributor's Stamp with date and time |
| Branch Name | | City | | | | | | |
| Date and Time Stamping | From received by | | Name and Signature | | | | | |
| | Date, Form and attachments verified by | | Name and Signature | | | | | |
| | Data input by | | Name and Signature | | | | | |

13. 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/- Upto Rs. 10,000,000/- Upto Rs. 25,000,000/- Upto Rs. 50,000,000/- Upto Rs. 75,000,000/-
Upto Rs. 100,000,000/- Upto Rs. 500,000,000/- Upto Rs. 1,000,000,000/- Above Rs. 1,000,000,000/-

(d) Expected Number of Investment Transactions in a Year

Upto 5 Upto 10 Upto 15 Upto 20 ABOVE 20

(e) Expected Redemption Transactions in a Year (Rupees)

Upto Rs. 5,000,000/- Upto Rs. 10,000,000/- Upto Rs. 25,000,000/- Upto Rs. 50,000,000/- Upto Rs. 75,000,000/-
Upto Rs. 100,000,000/- Upto Rs. 500,000,000/- Upto Rs. 1,000,000,000/- Above Rs. 1,000,000,000/-

(f) Expected Number of Redemption Transactions in a Year

Upto 5 Upto 10 Upto 15 Upto 20 ABOVE 20

(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 _____

Date & Time Stamping Area : _____ Form Received by: _____

Form & Documents verified by : _____ Data Input By: _____

End the Form with Closing remarks, such as Disclaimers. _____



Alfalah Investments

Alfalah Asset Management Limited
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