



## INVESTMENT FORM “B-1”

1. Fill the form in block letters and in legible handwriting to avoid errors in application processing. If any alteration is made, a countersign is mandatory. 2) Fill the form yourself or get it filled in your presence, do not sign and/or submit blank forms. 3) No transaction will be processed with blank details. 4) We do not accept cash or Third party Payment. 5) Payment to be made only in favor of the TRUSTEE through cross cheque, pay order or online transfer. 6) Please refer to Back side of page for the name, sales load details and Account Payee Title. Instrument should be crossed 'Account Payee Only'. 7) If payment instrument is returned, the unpaid application will be rejected. 8) Sales load (charges) and all taxes will be applicable on investment as per the constitutive documents of the Fund. 9) Units will be allocated after deduction of applicable load (charges) and all taxes. 10) Application will be processed as per cut-off timings of the Fund.

Date: \_\_\_\_\_

## 1. Investor's Details

[illegible]

## 2. Investment Details

|                                    |  |                     |           |                        |                      |  |
|------------------------------------|--|---------------------|-----------|------------------------|----------------------|--|
| Name of the Fund / Investment Plan |  |                     | Unit Type | Amount in Figures (Rs) | Amount in words      |  |
|                                    |  |                     |           |                        |                      |  |
| Sales Load Charged %               |  | Sales Load Waived % |           |                        | Investor's Signature |  |

### 3. Payment Details

|                                                                                                                                                        |  |                      |                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|----------------------|
| Payment Mode <input type="checkbox"/> Cheque <input type="checkbox"/> Pay Order <input type="checkbox"/> Online Transfer <input type="checkbox"/> RTGS |  |                      |                      |
| Cheque No./ Pay Order No./ Online Tranfer                                                                                                              |  | Bank Name            | Branch               |
| <input type="text"/>                                                                                                                                   |  | <input type="text"/> | <input type="text"/> |
| <input type="text"/>                                                                                                                                   |  | <input type="text"/> | <input type="text"/> |
| For Account Title Please Refer Back side Page.                                                                                                         |  |                      |                      |

#### 4. Declaration and Signature

1. I/ we confirm that I/We have carefully read, understand and agree to abide by all the rules, regulations, relevant Trust Deed (including Supplemental(s)), Offering Documents (including Supplemental (s)), guidelines (on this form) that govern this transactions, terms and conditions given in the form / constitutive documents, Fund Manager Report along with details of Sales Load to be deducted (if any) including taxes.
2. I/We also confirm having the knowledge of applicable load percentages.
3. I/ We understand that all investments in mutual funds are subjected to market risk and the price of the Fund's units may go down resulting in loss of principal amount.
4. I/ We understand that the offer price of the Fund's units include Sales load and is higher than NAV price of the Units.
5. I/ We understand that Alfalah Investments has the sole discretion to allocate/ not to allocate Units of the Fund.
6. I/We confirm that Alfalah Investments facilitator/ 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.
7. 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 Alfalah Investments before relying on the same to enter into any transaction. I/We will not hold Alfalah Investments responsible for any loss which may occur as a result of my/our decision.
8. I/ we understand that this Fund Risk Categorization will help me/us assess my/our risk appetite. I am/ we are aware that my/our financial needs may change over time depending on my/our personal and situation objectives. I/ we shall be solely responsible for all of my/our current and future investment transactions.
9. I/ we confirm that I am/ we are investing in Fund and the risk level of this fund is mentioned in section 5, 8 and 9. I/ we confirm that I/ we will not hold Alfalah Investments responsible for any loss which may occur as a result of my decision. I/ we further agree that Alfalah Investments facilitator/ distributor 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.
10. I/We, the undersigned hereby assured to Alfalah Investments that the proceeds invested are not derived from money laundering or illegal activities and the source(s) of funds declared in this Form is true and correct to the of my/ our knowledge and believe.
11. I/We acknowledge that I/We have read the Key Fact Statement at the time of investment, and I/We have read and understood the terms and conditions to the best of my/our knowledge and have retained a copy of the same.
12. I/We am fully informed and understand that investment in units of Mutual Fund/ 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 AMC unless otherwise mentioned.

### 5. Fund as per Category (Annexure)

I/ we confirm that I am/ we are investing in Fund and the risk level of this fund is mentioned in Annexure A, which contains the List of Funds and their corresponding Risk Profiles, to assist me/us in selecting funds that align with mv/our risk scoring criteria

| Institutional Investor                 | Individual Investor                                             | Attestation of Branch Manager and Witnesses shall be required only in case of Investor with unstable signature or thumb impression |                                     |
|----------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Company Stamp                          | Principal Applicant's Signature /<br>Left Hand Thumb Impression | Attestation of Branch Manager                                                                                                      | Witnesses (Adult Male Persons only) |
|                                        |                                                                 |                                                                                                                                    | Name: _____                         |
|                                        |                                                                 |                                                                                                                                    | CNIC: _____                         |
|                                        |                                                                 |                                                                                                                                    | Signature: _____                    |
|                                        |                                                                 |                                                                                                                                    | Name: _____                         |
|                                        |                                                                 |                                                                                                                                    | CNIC: _____                         |
|                                        |                                                                 |                                                                                                                                    | Signature: _____                    |
| Authorized Signature / Joint Holder(s) |                                                                 |                                                                                                                                    | Signature(s)                        |
| (a) Name:                              |                                                                 |                                                                                                                                    |                                     |
| (b) Name:                              |                                                                 |                                                                                                                                    |                                     |
| (c) Name:                              |                                                                 |                                                                                                                                    |                                     |
| (d) Name:                              |                                                                 |                                                                                                                                    |                                     |

### 6. Monthly Income Profit

100% Profit ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐

## 7. Source(s) of Investments

Source(s) of Investments (the principal unit holder or on whom dependent upon)

(select at least one / more than one if applicable)

|                              |                                       |                                             |                                                                             |                             |
|------------------------------|---------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------|-----------------------------|
| <input type="radio"/> Salary | <input type="radio"/> Business Income | <input type="radio"/> Foreign Remittance(s) | <input type="radio"/> Stocks / Investments / liquid asset as per tax return |                             |
| <input type="radio"/> Gift   | <input type="radio"/> Inheritance     | <input type="radio"/> Sale of property      | <input type="radio"/> Agriculture                                           | <input type="radio"/> Other |

8. Investment Facilitator / Distributor Details (For Office Use Only)

|                                |  |      |  |  |  |  |  |                                        |
|--------------------------------|--|------|--|--|--|--|--|----------------------------------------|
| Distributor / Facilitator Name |  | Code |  |  |  |  |  | Distributor's Stamp with date and time |
| Branch Name                    |  | City |  |  |  |  |  |                                        |

9. Registrar Details (For Office Use Only)

|                        |                                        |                    |
|------------------------|----------------------------------------|--------------------|
| Date and Time Stamping | Form received by                       | Name and Signature |
|                        | Date, Form and attachments verified by | Name and Signature |
|                        | Data input by                          | Name and Signature |

Alfalah Asset Management Limited  
WE DO NOT ACCEPT CASH OR BLANK/BEARER CHEQUE

We would like to inform all our investors that the Management Company has a policy not to accept cash or blank/bearer cheques for investments in mutual funds managed by it. Investors are advised to prepare their payment instruments (crossed payees account cheque, pay-order or demand drafts) in favour of Trustee of respective mutual fund. Investors are also advised not to give cash to any person on behalf of mutual funds and always used plain Investment Form without any cutting or marking on it.