



DETAILS OF CORPORATE ENTITY:

Name of Corporate Entity: _____

Registration Number: _____

1. DETAILS OF ALL NATURAL PERSONS* WHO ARE "ULTIMATE BENEFICIAL OWNERS" (UBO) IN THE CORPORATE ENTITY:						
1.	Full Name	Father's / Husband's Name	CNIC / Passport No.	CNIC Issue Date	Date of Birth	Nationality
	Residential Address:				% of Share-holding:	
2.	Full Name	Father's / Husband's Name	CNIC / Passport No.	CNIC Issue Date	Date of Birth	Nationality
	Residential Address:				% of Share-holding:	
3.	Full Name	Father's / Husband's Name	CNIC / Passport No.	CNIC Issue Date	Date of Birth	Nationality
	Residential Address:				% of Share-holding:	

Please copy & replicate the above table if there are additional Ultimate Beneficial Owners. Further, also share copy of valid CNICs

2. WHERE NO NATURAL PERSON IS IDENTIFIED AS ULTIMATE BENEFICIAL OWNER (UBO) IN THE CORPORATE ENTITY, PLEASE PROVIDE DETAILS OF SENIOR MANAGEMENT OFFICIALS**:							
1.	Full Name	Father's / Husband's Name	CNIC / Passport No.	CNIC Issue Date	Date of Birth	Nationality	Designation
	Residential Address:				% of Share-holding:		
2.	Full Name	Father's / Husband's Name	CNIC / Passport No.	CNIC Issue Date	Date of Birth	Nationality	
	Residential Address:				% of Share-holding:		
3.	Full Name	Father's / Husband's Name	CNIC / Passport No.	CNIC Issue Date	Date of Birth	Nationality	
	Residential Address:				% of Share-holding:		

Please copy & replicate the above table if there are additional Senior Management Officials Further, also share copy of valid CNICs

3. DETAILS OF BOARD OF DIRECTOR / TRUSTEES						
	Full Name	Father's / Husband's Name	CNIC / Passport No.	CNIC Issue Date	Date of Birth	Nationality
1.						
2.						
3.						

Please copy & replicate the above table if there are additional Directors/ Trustees. Further, also share copy of valid CNICs

I / We hereby declare that the information provided in this Form is true and accurate, and if such information changes, I / We will promptly notify within 30 days Alfalah Asset Management in writing.

_____ Name	_____ Designation	_____ Signature & Company Stamp	_____ Date
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***Note:**

- Natural person(s) who directly/indirectly exercise control or have significant influence or having shareholding/ voting rights of more than 25% or 10% in case no holds the 25%, shall be considered as UBOs, If UBO is a corporate then its UBO must be shared; and
- For Foundations, Trusts and Non-Profit Organizations, Natural Person(s) serving as Directors, Settlor, Trustee(s) and Beneficiaries shall be considered UBO(s)
- Natural Person(s) owning the ultimate parent Company of a Corporate Entity shall also be declared as UBO.

** Chief executive officer/ Managing director, Deputy managing director, Chief Operating Officer, Company Secretary, Chief Financial Officer, Chief Compliance Officer and Chief Regulatory Officer and any holder of such positions by whatever name called who have sufficient knowledge of entity's risk exposure and of sufficient authority who may affect Risk Management.