



ADDENDUM TO ACCOUNT OPENING FORM FOR CORPORATES

To be Completed by customers who wish to open an investor account For **Entities (for eg: Corporation, Trust, Association, Partnership etc)**

- In case the country of incorporation is in the United States, please complete Form W-9, "Request for Taxpayer Identification Number and Certification", otherwise please complete Form W8-BENE, "Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities)".
- Please complete the table below concerning any persons holding a greater than 10% beneficial ownership in the entity:

Serial No.	Name of beneficial / substantial owner	Address of the beneficial owner	%age of shareholding	Is the beneficial owner a US Person ?		Any nationality/ citizenship/Country of Incorporation (in case of entry) other than Pakistan?	
				Yes	No	Yes (please specify)	No

3. Please write "Yes" if any statement below applies to you, otherwise please write "No".

3.1. We have granted a Power of Attorney to a person/ authorized a person who has an address outside Pakistan to operate the banking account (either physically or electronically): _____

If "Yes", please fill the following:

Name of authorized person: _____ Address: _____ City/District _____ Postal Code _____ Name of country: _____

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3.2. We intend to/will set up Payment Standing Instruction(s) for the banking account and the beneficiary account(s) is in country other than Pakistan: _____

If Yes, please fill the following:

Beneficiary Account Number: _____ Country: _____

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Beneficiary Account Number: _____ Country: _____

4. We hereby undertake and confirm that the information provided by us hereinabove is true, accurate and complete.

Subject to applicable local and foreign laws and regulations, We hereby consent to the Management Company and/or any of its affiliates (including without limitation branches) sharing our information with domestic and overseas tax authorities, where necessary to establish our tax liability in any jurisdiction.

Subject to the requirement by domestic or overseas laws and regulations, We understand that the Management Company may withhold from our account(s) such amounts as may be required according to applicable laws, regulations and directives.

We also undertake not to initiate any proceedings against the Management Company and / or any of its Collective Investment Scheme in case any amounts are withheld from our account and remitted to the local or foreign authorities / regulators.

We hereby undertake to notify the Management Company within thirty (30) calendar days in case of any change in any information whatsoever which we have provided to the Management Company.

We further agree and accept that the terms and conditions as contained herein shall form part and parcel of the account opening form and the terms and conditions of the account opening form as well other documentation shall remain in full force and effect.

Authorized Signatories' Names and Signatures

1. Name													Signature		
CNIC No.						-								-	
Designation															
2. Name													Signature		
CNIC No.						-								-	
Designation															
3. Name													Signature		
CNIC No.						-								-	
Designation															
4. Name													Signature		
CNIC No.						-								-	
Designation															

5) Investment Facilitator/Distributor Details (For Official Use Only)

I have reviewed the form and the information disclosed is completed and signed by the Investor.

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

6) Registrar Details (For Official Use Only)

Date and Time Stamping	Form received by	Name and Signature					
	Form and documents verified by	Name and Signature					
	Data input by	Name and Signature					

MCB-Arif Habib Savings and Investments Limited

Head Office: 2nd Floor, Adamjee House, I.I. Chundrigar Road, Karachi

UAN: (+92-21) 11-11-622-24 (11-11-MCB-AH)

URL: www.mcbah.com, Email: info@mcbah.com