



Date			
1. Unit Holder's Details			
Title of Account*			
Mother Maiden Name		Date of Birth	
Investor Registration Number*		CNIC/NICOP/Passport No.	
2. Change in Account Operating Instructions (Please tick (✓) the appropriate box)			
Please change my account operating instructions to:			
Principal Applicant Only <input type="checkbox"/> Jointly (Any two) <input type="checkbox"/> Either or Survivor <input type="checkbox"/> All Joint Holders/Authorized signatories <input type="checkbox"/> Others (Please specify) _____			
3. Change in Profit Payment Frequency – In Case Of Income Units Only (Please tick (✓) the appropriate box)			
Please change my profit payment frequency to: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually			
4. Change in Bank Account Details			
Bank Account Title			
Complete Bank Account No.		Bank Name	
Branch Name & Address		City	
IBAN			
5. Change in Contact Details			
Residential Address			
City/ District		Postal Code	Country
Office/ Business Address			
City/ District		Postal Code	Country
Mailing Address (select one)		NOTE: If no option is selected, residential address will be considered as mailing address.	
<input type="checkbox"/> Residential Address		OR <input type="checkbox"/> Office/Business Address	
Telephone No.	Res.	Off.	Ext.
Email Address		Fax No.	Mobile No.
6. Change in Statement of Account Delivery Instructions			
Please select any ONE nature of correspondence as per your convenience			
<input type="checkbox"/> By Email (Statement of Account will be sent on transactions, Monthly and Annually) OR <input type="checkbox"/> By Post (Statement of Account will be sent on transactions and Annually)			
NOTE: If Both options are 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.			
7. Change in Nomination Details (For Individuals Only)			
Nominees can only be the following relatives of the applicant, namely, a spouse, father, mother, brother, sister, son or daughter including a step or adopted child Please add/remove the following Nominee(s) in/from your record:			
Name	Please tick (✓) the appropriate box	Relationship with investor	CNIC/NICOP/Passport No.
1)	<input type="checkbox"/> Add <input type="checkbox"/> Remove		
2)	<input type="checkbox"/> Add <input type="checkbox"/> Remove		
8. Change in Authorized Signatories (For Institutions Only)			
Board of Director Resolution Attached <input type="checkbox"/>			
Please add/remove the following authorized signatories in/from your record:			
Name	Please tick (✓) the appropriate box	CNIC/NICOP/Passport No.	Signature(s)
1)	<input type="checkbox"/> Add <input type="checkbox"/> Remove		
2)	<input type="checkbox"/> Add <input type="checkbox"/> Remove		
3)	<input type="checkbox"/> Add <input type="checkbox"/> Remove		
9. Dividend Distribution (Please tick (✓) the appropriate box)			
Please update my dividend instructions as follows:			
<input type="checkbox"/> In case of cash dividends, do NOT REINVEST dividend and pay as instructed.			
<input type="checkbox"/> In case of bonus units, encash bonus units on the business day following the bonus issue and pay as instructed.			
<input type="checkbox"/> Reinvest Dividends			
<input type="checkbox"/> In case of bonus units, re-invest bonus units on the business day following the bonus issue.			
10. Change in Zakat Status (Please tick (✓) the appropriate box)			
Zakat Deduction <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, provide duly executed zakat Affidavit CZ-50)			
11. Change in Principal Applicant Name (As per CNIC/ NICOP/ Passport)			
Old Name		New Name	
CNIC copy attached <input type="checkbox"/>			
12. Authorized Signatories / Joint Holder(s)			Signature(s)
(a) Name:			
(b) Name:			
(c) Name:			
(d) Name:			

Principal Applicant's Signature



13. Issuance of Unit Certificate(s)				
Please issue _____ number of Unit Certificate(s) as per the following details:				
Name of the Fund		No. of Units		Type of Units
Name of the Fund		No. of Units		Type of Units
Name of the Fund		No. of Units		Type of Units
<ul style="list-style-type: none"> - Unit Certificate(s) will be issued only if requested and on payment of charges as mentioned in the Offering Document of the respective Fund(s). - If the Unit Holder wants to have Unit Certificates of specific denominations then he/she should inform the Transfer Agent about the denomination details through duly signed letter. - Unless indicated by the Unit Holder, minimum number of Certificates will be issued. - Unit Certificate(s) will be dispatched at the registered postal address of the Unit Holder within the specified time as mentioned in the Offering Document(s) of the respective Fund(s). 				
14. Cancellation of Unit Certificate(s)				
<input type="checkbox"/> Please cancel the Certificate Number(s) (attached with this Form) issued under the above-mentioned Investor Registration Number and issue Statement of Account in future.				
15. Splitting/ Consolidation of Unit Certificate(s)				
Please issue new Certificate(s) as per the following details against the Certificate(s) Number(s) _____ (attached with this Form) issued under the above-mentioned Investor Registration Number.				
(1)	(2)	(3)	(4)	(5)
16. Mutilated/ Defaced/ Lost/ Stolen/ Destroyed/ Unit Certificate(s)				
<u>Issue of Certificates against Mutilated or Defaced Certificates</u>				
<input type="checkbox"/> Please issue new Unit Certificate(s) against the attached Mutilated/Defaced Certificate(s) issued under the above-mentioned Investor Registration Number Certificate Number(s) of attached Certificate(s) is/are: _____				
<u>Issue of Certificates against Lost/ Stolen or Destroyed Certificates</u>				
<input type="checkbox"/> Please issue new Unit Certificate(s) against the Certificate Number(s) _____ issued under the above-mentioned Investor Registration Number. The above-mentioned Certificates have been lost/ stolen/ destroyed on _____				
Note: In case of lost/ stolen or destroyed Certificate(s), the Unit Holder shall be required to immediately inform the Transfer Agents through duly signed letter. Transfer Agent will let him/her know about necessary formalities (such as submission of indemnity bond, newspaper publication and other requirements depending upon case to case basis which are to be fulfilled by the Unit Holder). After completion of necessary formalities, duplicate Unit Certificate(s) will be dispatched at the registered postal address of the Unit Holder within the specified time as mentioned in the Offering Document(s) of the respective Fund(s).				
17. Joint Holder Share Percentage for Withholding Tax Deduction (in case of joint account)				
Principal Applicant	Joint Holder No. 1	Joint Holder No. 2	Joint Holder No. 3	
Name	Name	Name	Name	
CNIC/ NICOP/ Passport No.	CNIC/ NICOP/ Passport No.	CNIC/ NICOP/ Passport No.	CNIC/ NICOP/ Passport No.	
_____	_____	_____	_____	
Share Percentage*:	Share Percentage*:	Share Percentage*:	Share Percentage*:	
_____	_____	_____	_____	
* This Share Percentage is required for the purpose of withholding tax deduction on Dividend. If share percentage is not defined, share percentage will be equally distributed.				
18. Declaration and Signatures				
I/We, the undersigned, hereby declare that I/We have read and understood the relevant Trust Deed(s), Offering Document(s) and Supplemental Offering Document(s) that govern this transaction and all information provided in this Form is correct to the best of my/our knowledge and belief.				
Institutional Investor	In case of investor having thumb impression or shaky/ immature signature, Attestation of gazetted officer (BPS-17 and above)/ branch manager of the bank/ notary public/ authorized officer of the MCB-AH and two adult male witnesses shall be required. A passport size photograph will also be obtained from such investor.			
Company Stamp	CURRENT PRINCIPAL APPLICANT'S SIGNATURE/ LEFT HAND THUMB IMPRESSION (MALE)/ RIGHT HAND THUMB IMPRESSION (FEMALE)	PRINCIPAL APPLICANT'S SIGNATURE AS PER CNIC/ NICOP/ PASSPORT	IN CASE OF UNSTABLE/ SHAKY/ IMMATURE SIGNATURE OR THUMB IMPRESSION, ATTESTATION OF GAZETTED OFFICER (BPS-17 AND ABOVE)/ BRANCH MANAGER OF THE BANK/ NOTARY PUBLIC/ AUTHORIZED OFFICER OF THE MCB-AH IS REQUIRED.	
			ATTESTATION	WITNESSES (ADULT MALE PERSONS ONLY)
				NAME: _____
				CNIC: _____
				SIGNATURE: _____
				NAME: _____
				CNIC: _____
				SIGNATURE: _____
19. Authorized Signatories / Joint Holder(s)			Signature(s)	
(a) Name:				
(b) Name:				
(c) Name:				
(d) Name:				
20. Investment Facilitator / Distribution Details (For Office Use Only)				
Distributor/Facilitator Name		Code		
Branch Name		City		Distributor's Stamp with Date and Time
21. 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