

Account Opening Form A-2 (For Institutional Investors)

ALFALAH ASSET MANAGEMENT LIMITED

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



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

ACCOUNT OPENING FORM A-2 (FOR INSTITUTIONAL INVESTORS)

1. Institutional Investor's Details (Mandatory Information)				
Name of Institution				
NTN / Registration Number				
Date of Incorporation	/ Registration : Plac	e of Incorporation :		
Universal identification (Kindly mention the UIN if the	n Number (UIN) :			
Industry Catalogue [Commercial Bank Insurance Company	Pension / Provident Fund NBFC DFI		
[Manufacturing NGO	Trust Other (Please specify)		
	gement of the Institution			
	Managing Director			
Chlef Operating Officer				
	or / Hand of Compliance			
	·			
	er			
-				
•	SS	Company Website		
		Designation		
•	Mobile			
	on Name	(for online access)		
		•		
Phone Mobile Email				
Correspondence to be sent to As Above If different (Please specify)				
·		"11		
2. Authorised Signato	ries Name and Signature			
·		Signature D M M Y Y Y Y		
2. Authorised Signato 1. Name CNIC No. Issue & Expiry date 1. Name	ries Name and Signature	Signature		
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2. Authorised Signato 1. Name CNIC No. Issue & Expiry date 3. Bank Account Detail	ries Name and Signature	Signature Sign		
2. Authorised Signato 1. Name CNIC No. Issue & Expiry date 3. Bank Account Detail Bank Account Number Bank Name	ries Name and Signature	Signature Sign		
2. Authorised Signato 1. Name CNIC No. Issue & Expiry date 3. Bank Account Detail Bank Account Number Bank Name	ries Name and Signature	Signature Sign		
2. Authorised Signato 1. Name CNIC No. Issue & Expiry date 2. Bank Account Detain Bank Account Number Bank Name Bank Address	ries Name and Signature	Signature Sign		

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/Bonu	s) declared	will be reinvested back in the Fund	(s).	
6. Know your Customer (KYC) (Mandatory)				
(a). Nature of Business				
Manufacturing				
Real Estate/ Builders				
Wholesaler				
Retaller				
Insurance Services	Agricultur	e & Agriculture Products	Non-Banking Financial Services	
☐ Distribution Services ☐	Dairy Farm	ning & Dairy Products		
Jewellers / Precious Metal & Stones Dealer Other	ers (please	specify)		
(b). Has your account ever been refused by any financial instit	ution (Ban	k / DFI / NBFC, etc.) in Pakistan or	abroad?	
No Yes (If Yes then please explain reason for				
(c). Does Your Institution Receive any Type of Donations?	Yes	No		
(d). Name of Group Companies, if any	163 [
(u). Name of Group Companies, if any				
(a) Name and CNIC No. of CEO/ Managing Director / Descidant	t / Dringin	al Tructoo		
(e). Name and CNIC No. of CEO/ Managing Director / Presiden Name	it / Princip		sport No. & Issue Date	
Tune.		CHIEF HICOTF LUS	Sport No. & ISSUE Butt	
(f). Name(s) and CNIC Number(s) of Director(s) / Partner(s) / Trustee(s) / Member(s) of Governing Body / Member(s) of Executive Committee			ember(s) of Executive Committee	
Name			sport No. & Issue Date	
(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/ P	NICOP/ Passport No. & Issue Date	% of Shareholding	
(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 Signa	tory	Authorized Signatory	Authorized Signatory	

(i). Please Provide the Following Details of the Legal Persons H	lolding Shares Equal to 25% or Above in you	Institution		
Name of Legal Person	Nature of Business	% of Shareholding		
(j). Please Provide The Following Details of the Individual (Natural Pe	rson) Holding Shares Equal to 25% or Above of t	hat 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 Inst	1			
Name of Beneficial Owner	CNIC/ NICOP/ Passport No. & Issue Date	Details of Beneficial Ownership		
7. Statement of Account Delivery Instructions				
Please select nature of correspondence as per your convenience	е			
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.				
8. Foreign Account Compliance Act (FATCA) Checklist				
Section A (US Entites): For Entities Incorporated in the US or under the L	.aws 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 Person ¹				
US Tax Identification No. (TIN):				
Section B (Non US Entites): Exempt Entitles (Exempt Beneficial Owners)				
• If entity falls into any of the following categories, No FATCA document	tation required, please indicate as applicable & proc	eed to declaration & Signature(s).		
Federal, Provincial, Local or Municipal Govt.	Entity Wholly Owned or Controlled by Goyt	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 Entites): For Non-Financial Entitles (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: Procee	ed to Next Question.			
	-	tuittes Ves No		
2. Did the entity earn more than 50% of its gross income for th		tivities Yes		
• If Yes: Proceed to Next Question; • If No: Proceed	ed directly to Question 4 below.			

3.	Does any SpecIfied US person ((individual or entity) hold more than 10% direct or	Indirect shareholding in the e	ntity?	
	Yes: Complete Table below, provide No: Proceed to Next Question.	W-9 for each Substantial US Owner & W-8BEN-E for the er	ntity & proceed to declaration & Sign	nature(s).	
	Name of Substantial US Owner	Complete Address	US Tax Identification # (TIN)	Proceed Holding	
L					
L					
\vdash					
4.	Does the entity have a Registe	। red, Head office or Malling Address which is in the	US or a US telephone number	? Yes No	
	Yes: Provide (I) A Constitution Docum No: Proceed to Next Question.	nent showing the non-US country of incorporation or register	ed address AND (III) Form W8BEN-E &	proceed to declaration & Signature(s).	
5.	Has the entity assigned power	of attorney or signatory authority to a person wit	h US address?	Yes No	
6.	ls the entity aware of any othe	r information which may indicate to the entity's U	S status?	Yes No	
		ent showing the non-US country of incorporation or registe red, please proceed to declaration & Signature(s).	red address OR alternatively provide	a Form W-8BEN-E & proceed	
Sec	tion D (Non US Entites): Financial I	nstitutions (FFI)			
1. I	s the entity a Participating For	reign (Non-US) Financial Institution (PFFI)?		Yes No	
• If	Yes: Provide from W-8BEN-E, ment	tion GIIN below $\&$ proceed to declaration $\&$ Signature(s).	• If No: Please proceed to	Next Question	
G	lobal Intermediary Identification	on Number (GIIN) for PFFI:			
	Beign a Non-Participating FFI (relevant Information to relevar	(including Limited Branch of FFI), does the entity c nt	onsent for Alfalah AML to repo	ort its Yes No	
3.	Please Indicate If the entity cla	ilms any other FATCA status;			
	Owner Documented FFI Certified Deemed Compliant FFI Sponsored / Sponsoring FFI Other (please specify):				
		ity (II) Owner Reporting Statement (III) W-9 or W-8BEN for per Icating the claimed status and proceed to declaration & Signat		& proceed to declaration & Signature(s).	
9.	Declaration & Signature(s): (N	landatory)			
a)	a) 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;				
b)	b) 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.				
c)	affillates, and / or subsidiaries provided above is true, accursor tax authorities, including resuch jurisdiction(s) where reconsent and agree that, if applicable laws, regulation	tity, understand that the information provided abes (collectively "the Company") to comply with its ate and complete. I / We hereby consent for the Compant authorities as required under FATCA, when quired by regulators or tax authorities (except with plicable, that Company may withhold from the accompand directive. I / We also agree and undertaked the Entity, which has been provided to the Compand	obligations under FATCA and hompany to share Entity's require necessary / applicable to est where specified against Question of the Entity such amount to notify the Company within	nereby confirm the Information red Information with regulators ablished entity's tax liability in on 2, section D above). I / we sas may be required according	
d)	Please read the Offering D reinvested dividends. Perfor	funds are subject to market risks. Past peri Document to understand the investment policie rmance data does not include the cost incurre the Entity, which has been provided to the Compa	s and risks involved. All reti ed directly by an investor in	urns are calculated assuming	
e)	•	l understands that investment in units of Mutual Fo of AMCs are not responsible for any loss to inves rwise mentioned.	•	-	
	purpose of opening and main tion and processing of my/o AlfalahAMC to use my persor information will be kept con	consent to Alfalah AMC to conduct a NADRA ventaining investment Account with AlfalahAMC. I un ur personal information, which may include my nanal information for the sole purpose of conductin fidential and will only be used for the purpose of rmation will be protected in accordance with	derstand that the verification pame, date of birth, and CNIC n g the NADRA verification. I/Wo of conducting the NADRA verif	process may involve the collec- number. I/We hereby authorize e understand that my personal fication. I/We also understand	

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.				
	Authorized Signatory & Authorized Signatory & Company Stamp		Authorized Signatory & Authorized Signatory & Company Stamp	
10. Documents Required	10. Documents Required (Mandatory)			
Before submitting this form, m	ake sure the fol	lowing documents are attached. If one or mo	ore of the documents are missing, your application may be declined or processed with a delay	
1. List of Authorized signator	ies with specime	en signatures on company letter head OR cer	rtified copy	
2. For Partnership		alls of partners mes, Address, Phone Numbers)	Copy of Valid CNIC of all partners Copy of latest Financial Statements	
	Cer	tified copy of Partnership Deed		
3. For Joint Stock Company		oy of Valid CNIC of all Copection / Trustees	py of Lastest (Audited) Financial Statements Certified copy of latest Form A & Form 29 (Form II in case of Newly Incorporated Company)	
		Certified copy of Memorandum and Board/Trustee/Governing Body Resolution Articles of Association/Trust Deed		
4. Trust, Clubs, Societies and Associations	Cer	tificate of Registration/instrument of Trusts	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.	
	□ Ву-	laws/Rules & Regulations	Latest audited financials of Institution	
5. Executors/Administrators		Copy of Valid CNIC of all Executors/Administrators Certified copy of Letter of Administration		
6. Limited Liability Partnershi	p (LLP)			
(I) Valld Identification D	ocuments all the	e partners and authorized signatories.		
(II) Certified Copies of:	Lim	Limited Liability Partnership Deed/Agreement LLP-Form-III having detail of partners/designated partner in case of newly incorporated LLP		
	_	P-Form-V regarding change in partners/ Ignated partner in case of already incorporal	ted LLP	
(III) Authority letter signe	d by all partners	s, authorizing the person(s) to operate LLP a	ccount	
7. NGOs/NPOs/Charities	7. NGOs/NPOs/Charities Valid Registration Certificate By-laws/Rules & Regulations 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.			
Any other documents as deemed Valid NPO / NGO Certificate & License necessary including its annual accounts/ financial statements or disclosures in any form				
Note: Tax Certificates/Affidavit are mandatory if exempted				
11. Investment Facilitat	or Distribut	or Details (For Office Use Only)		
Distributor/Facilitator Na	ame		Code Distributor's Stamp with date	
Branch Name			City	
Date and Time Stamping	From recelv	ved by and attachments verified by	Name and Signature Name and Signature	
	Date, Form		Name and Signature	
		•		

12. 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	h its Authorized Signatories in Pak	Istan)	
(b) Purpose of Account:				
Investment Other (Please specify):				
(c) Expected Investment Transactions In a Year (Rupees) Upto Rs. 5,000,000/- Upto Rs. 25,0	000 000/	Into Bs. F0.000.000/	Unto Dr. 75 000 000/	
Upto Rs. 5,000,000/- Upto Rs. 10,000,000/- Upto Rs. 25,0 Upto Rs. 100,000,000/- Upto Rs. 500,000,000/- Upto Rs. 1,00	_	Jpto Rs. 50,000,000/- Above Rs. 1,000,000,000/-	Upto Rs. 75,000,000/-	
Opto Rs. 100,000,000 - Opto Rs. 1,00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100VE RS. 1,000,000,000/-		
(d) Expected Number of Investment Transactions in a Year				
Upto 5 Upto 10 Upto 1	5	Upto 20	ABOVE 20	
(e) Expected Redemption Transactions In a Year (Rupees)				
Upto Rs. 5,000,000/- Upto Rs. 10,000,000/- Upto Rs. 25,0	_	Jpto Rs. 50,000,000/-	Upto Rs. 75,000,000/-	
Upto Rs. 100,000,000/- Upto Rs. 500,000,000/- Upto Rs. 1,00	10,000,0007 F	Above Rs. 1,000,000,000/-		
(f) Expected Number of Redemption Transactions in a Year				
Upto 5 Upto 10 Upto 1	5	Upto 20	ABOVE 20	
(g) Expected distribution/ delivery channel(s) which the customer would like to us	e			
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 (Gem	s)?			
No Yes				
(k) Is the Institution involved in legal, accountancy, auditing, financial and/or tax consultancy?				
No Yes				
(I) Overall Assessment of the Institution				
Satisfactory Unsatisfactory				
(m) Preparer				
Name of Relationship Manager Code of Relationship Manager				
Signature of Relationship Manager				
g				
(n) Reviewer				
Name of Senior Sales Staff	Code of Senior	Sales Staff		
Signature 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 (A Group Company of Bank Alfalah Limited) 2nd Floor, Islamic Chamber of Commerce, Industry and Agriculture Building, Block-9, Clifton, Karachi - 75600 Pakistan. UAN: 021 111 090 090

Fax: 3530 6752

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