

# Account Opening Form - Sahulat Sarmayakari

## General Instructions

1. Fill the form yourself or get it filled in your presence. Do not sign and/or submit blank forms.
2. If any alteration is made, a countersign is mandatory.
3. Account holder must sign in the space provided.
4. The officer will not accept the form without the signature of the account holder.
5. In case an investor cannot sign the form, he/she will have to visit our office/designated bank branch personally and submit one (1) recent passport size photograph which will have to be attested/verified by the Branch Manager/Customer Services Manager of the office/designated bank branch along with verification of thumb impression on the Account Opening Form. Every time the photo Account Holder wants to redeem his/her Investment, he/she will have to come personally to the office/designated bank branch and the redemption form will only be accepted when the thumb impression has been attested/verified by the office/designated bank branch Manager/Customer Service Manager.
6. Please tick in the appropriate box wherever applicable, in case any field is not relevant, please mark 'N/A' (Not Applicable).
7. An individual can open only one Sahulat Sarmayakari Account with ABL Asset Management Company Ltd. (ABL AMC).
8. It is the responsibility of the applicant to carefully read and understand the guidelines and instructions provided in this form and the terms and conditions, especially risk disclosure, disclaimer, warning statement, investment objective in the offering Document of ABL Sahulat Sarmayakari Account.
9. Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled.
10. Applications complete in all respects and carrying necessary documentary attachments should be submitted at any branch of Allied Bank, Authorized Distributor, or courier them at ABL AMC's Office, 48, Block-L, PHA Phase VI, Near Defence Raya Golf Club, Lahore.
11. For assistance in filling this form or information about our products and services call toll free at 042-111-225-262 or email [contactus@ablamc.com](mailto:contactus@ablamc.com).
12. In compliance to SECP circular NO. 26 of 2021 dated October 7, 2022, Maximum annual investment limit is Rs. 800,000, maximum transaction limit is Rs. 400,000 and cumulative investment limit at any point in time is restricted to Rs. 1,000,000/-. These investment limits can be changed at any point of time as per the directives of SECP.

## Guidelines

1. Cash/third party instrument will not be accepted.
2. Payment can be made in the form of cheque, online transfer, demand draft, pay order, RTGS etc.
3. If payment instrument is returned, the unpaid application will be rejected.
4. It should be the responsibility of the applicant to pay all charges and taxes in relation to the units purchased by him/her.
5. Front-end load (charges) and all taxes will be applicable on investment and Fund to Fund as per the constitutive documents of the Fund.
6. Application will be processed as per cut-off timings of the Fund.
7. Units will be allocated after deduction of applicable load (charges) and all taxes.
8. Back-end load (charges) will be applicable on Fund to Fund / Conversion / Redemption as per the Constitutive documents of the Fund.

## Cooling-off Right for Investor

- As per the SECP's Direction # 31/2016, eligible investor can exercise cooling-off rights for first time investment within three working days.
- Individual investor(s) can claim refund of their first-time investment in a fund (cooling off right) along with deducted front-end load (if any) within the cooling off period, however this refund will be subject to the deduction of any applicable contingent load (back end load) and taxes.
- Cooling off period shall be three business days commencing from the date of issuance of investment Acknowledgment Letter/Thank you Letter.
- Refund can be obtained by submitting written request at any of ABL AMCL office/branch.

## DOCUMENT CHECKLIST

- Documents as per Annexure-I of AML/CFT Regulations, 2020.  Source(s) of Income/Fund  W-9 (Where Applicable)  Copy of Zakat Affidavit (Only in case where "No" Zakat Deduction is selected)

### 1 CUSTOMER INFORMATION

Name (Mr./Ms./Mrs.)	<input type="text"/>	Father/ Spouse Name:	<input type="text"/>
Mother Maiden Name	<input type="text"/>	Religion	<input type="text"/>
CNIC / NICOP No.	<input type="text"/>	CNIC/NICOP Expiry date	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	<input type="text"/>
		Place/Country of Birth	<input type="text"/>
Mailing Address	<input type="text"/>		
Land Line No.	<input type="text"/>	Mobile No.	<input type="text"/>
		City	<input type="text"/>
Source(s) of Income/Fund	<input type="checkbox"/> Salary <input type="checkbox"/> Savings <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="text"/>		
Occupation	<input type="text"/>	Email Address	<input type="text"/>
		Zakat Deduction	Yes <input type="checkbox"/> No <input type="checkbox"/>
Residential Status	Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/>	Nationality	<input type="text"/>
Information about Next of Kin:			
Name	<input type="text"/>	Mobile No. / Emergency Contact No.:	<input type="text"/>
	<small>(Please provide valid copy of CNIC of next of Kin)</small>		
Name of Ultimate Beneficial Owner (If Applicable)	<input type="text"/>	Relationship with Principal Applicant/ Investor	<input type="text"/>
	<small>"In case of ultimate beneficiary is other than Investor, Please provide all related documents as per AML/CFT regulations"</small>		
CNIC No.	<input type="text"/>	CNIC Issuance date (dd - mm - yyyy)	<input type="text"/>
		CNIC Expiry Date (dd - mm - yyyy)	<input type="text"/>
Occupation	<input type="text"/>	PEP (Foreign/Domestic)	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Place of Birth	<input type="text"/>
		<small>(If place of Birth/ Contact No/ Address/ Nationality is US fill section 14)</small>	

Principal Account Holder Signature

Answering these questions will help to understand your investment objectives, risk/return expectation that will translate your needs into an asset allocation suitable to your investment needs. This questionnaire will provide only guideline and should not constitute as specific advice. You should make your fund allocation based on your own judgment and personal circumstances. Please tick the box in the left hand margin that corresponds to your choice and also write your risk score for each question in the given space.

Note: Customer Risk Profiling is optional for investors of Low Risk Money Market & Income Funds.

<b>1 Your Investment Horizon</b> <input type="checkbox"/> Less than or equal to 1 year <input type="checkbox"/> Greater than 1 year but less than 3 years <input type="checkbox"/> Greater than 3 years but less than 5 years <input type="checkbox"/> Greater than 5 years Score <input type="text"/>		<b>2 Primary Investment Objective</b> <input type="checkbox"/> Preserving Capital <input type="checkbox"/> Regular Income <input type="checkbox"/> Capital growth <input type="checkbox"/> Highest Potential Return Score <input type="text"/>		<b>3 Your Risk Tolerance</b> <input type="checkbox"/> Low Risk: Cut losses immediately and liquidate all investments. Capital preservation is paramount. <input type="checkbox"/> Medium Risk: Cut your losses and transfer investments to safer asset classes. <input type="checkbox"/> High Risk: You are ok with volatility and accept decline in portfolio value as a part of investing. You would keep your investments as they are. <input type="checkbox"/> Very High Risk: You would add to your investments to bring the average buying price lower. You are confident about your investments and are not perturbed by notional losses. Score <input type="text"/>	
<b>4 Age in (years)</b> <input type="checkbox"/> Above 60 years <input type="checkbox"/> Between 46 to 60 years <input type="checkbox"/> Between 31 to 45 years <input type="checkbox"/> Between 18 to 30 years Score <input type="text"/>		<b>5 Level of Understanding &amp; Knowledge</b> <input type="checkbox"/> Less / Limited Knowledge <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Expert Score <input type="text"/>		<b>6 Of my Current Income, I am able to save up to:</b> <input type="checkbox"/> <=5% <input type="checkbox"/> 6% to 10% <input type="checkbox"/> 11% to 25% <input type="checkbox"/> > 25% Score <input type="text"/>	
<b>7 Existing Investments Equities</b> <input type="checkbox"/> Up to PKR 100,000 <input type="checkbox"/> PKR 100,001-500,000 <input type="checkbox"/> PKR 500,001-1,500,000 <input type="checkbox"/> More than PKR 1,500,000 Score <input type="text"/>		<b>8 Existing Investments Others</b> <input type="checkbox"/> Up to PKR 100,000 <input type="checkbox"/> PKR 100,001-500,000 <input type="checkbox"/> PKR 500,001-1,500,000 <input type="checkbox"/> More than PKR 1,500,000 Score <input type="text"/>		<b>9 Current Liabilities or Borrowings</b> <input type="checkbox"/> More than PKR 1,500,000 <input type="checkbox"/> PKR 500,001 - 1,500,000 <input type="checkbox"/> PKR 100,001 - 500,000 <input type="checkbox"/> Up to PKR 100,000 Score <input type="text"/>	

Total Score (Sum of score for questions 1-9)

Score	Risk Profile	Category of CIS Plan	Fund / Plan Name
9 - 15	Low	Money Market Scheme, Shariah Compliant Money Market Scheme, Capital Protected Scheme (Non-Equity)	ABL Cash Fund, ABL Islamic Cash Fund, ABL Special Saving Fund (ABL Special Savings Plan – II, III, V)
16 - 22	Moderate	Income Scheme	ABL Government Securities Fund
23 - 29	Medium	Income Scheme, Shariah Compliant Income Scheme, Shariah Compliant Asset Allocation Scheme, Fund of Fund Scheme, Shariah Compliant Fund of Fund Scheme	ABL Income Fund, ABL Islamic Income Fund, ABL Islamic Asset Allocation Fund, ABL FPF (Conservative Allocation), ABL IFPF (Conservative Allocation), ABL AMC Financial Planner - (Moderate Plan, Dynamic Plan)
30 - 36	High	Asset Allocation Scheme, Equity Scheme, Shariah Compliant Equity Scheme, Fund of Fund Scheme, Shariah Compliant Fund of Fund Scheme	Allied Finergy Fund, ABL Stock Fund, ABL Islamic Stock Fund ABL FPF (Active Allocation), ABL IFPF (Active Allocation, Aggressive Allocation), ABL AMC Financial Planner - Aggressive Plan

## Declaration

I understand that this risk profiling questionnaire will help me assess my risk appetite based on the information provided by me. I am aware that my financial needs may change over time depending on my personal and situation objectives. I will be solely responsible for all of my current and future investment, conversion and transfer transactions if these transactions are not in accordance with my above-mentioned risk profiling results. I will not hold ABL AMCL liable or responsible for these transactions in any manner.

"If you disagree with the suggested funds as per your risk profiling score and wish to invest in different funds, you may choose the override option given below".

Agree

Override

Principal Account Holder Signature

Individual Tax Residency Self-Certification Form (please complete parts 1 and 2 in BLOCK CAPITALS) \* Indicates mandatory field(s)

Do you hold tax residency of any country/ jurisdiction other than Pakistan and/or United States? Yes No

Part 1: Identification of Individual Account Holder

A. Name																		
	(First /Given*)		(Middle)		(Last/ Surname*)													
B. Residence Address (This address is your current residential address and can be different from permanent address).	House/Apt/Suite Name*		Number*		Street*													
	Province/ County/ State*		Country*		Postal /ZIP Code													
					PO Box (if any)													
C. Mailing Address (please only complete if different to the address shown in Section B).	House/Apt/Suite Name		Number		Street													
	Province/ County/ State		Country		Postal /ZIP Code													
					PO Box (if any)													
D. Date of Birth	<table border="1"> <tr> <td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>				-													
		-																
E. Place of Birth:																		
	Town or City of Birth*			Country of Birth*														

Part 2 – Country of Residence for Tax Purposes and related Taxpayer Identification Number or equivalent number\* (“TIN”) \*  
Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder’s TIN for each country indicated.

	Country of Tax Residence	TIN	If no TIN available enter Reason A, B or C
1			
2			
3			

Note: Additional Country/ Countries of Tax Residency (if any) to be listed in a separate sheet. If your Taxpayer Identification Number (TIN) or equivalent number is unavailable, please provide the appropriate reason A, B or C where indicated below.

- Reason A - The country where the Account Holder is liable to pay tax does not issue TINs to its residents.
- Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason).
- Reason C - No TIN is required. (Note: Only select this reason if the authorities of the country of tax residence provided above do not require the TIN to be disclosed).

Please explain in the following boxes why you are unable to obtain a TIN if you had selected Reason B above.

1	
2	
3	

Declarations and Signature \*

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder’s relationship with the Company setting out how it may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country in which this/ these account(s) is/ are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder (or I am authorized to sign for the Account Holder) in respect of all the account(s) to which this form relates.

I hereby declare and confirm that all information provided in this Self-Certification Form is to the best of my knowledge and belief, correct and complete in all respects.

I hereby indemnify and hold the ABL AMCL and its directors, officers, representatives and employees harmless from all costs, expenses, losses, damages, liability, penalties incurred, suffered and/or imposed on Company as a result of any suits, proceedings and/or litigation arising out of or in any manner connected with this Self Certification Form and/or the information supplied hereby.

I undertake to notify the Company within 30 calendar days if there is change in any information which I have provided to the Company.

Name: \*

Signature: \*

Date: \*

Note: If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity: \*

Principal Account Holder Signature

We do not accept cash. Payment to be made only in favor of the TRUSTEE through cross cheque, pay order or online transfer. نقدی رقم قبول نہیں۔ ادائیگی صرف ٹرنٹی کے نام پر کراس چیک، پی آر آر یا آن لائن ٹرانسفر کی صورت میں کی جائیگی۔

**INSTRUCTION CRS - SELF-CERTIFICATION FORM**

Organization of Economic Cooperation and Development (OECD) has developed a common framework known as Common Reporting Standard for Automatic Exchange of Information (AEOI). Government of Pakistan has signed the Multilateral Convention on Mutual Administrative Assistance in Tax Matters of OECD to implement CRS. As per the State Bank of Pakistan BPRD Circular Letter No. 10 dated 19 April 2017 and Government of Pakistan Notification SRO No. 166/I/2017, ABL Asset Management Company Limited (ABL AMCL, the Company) is required to comply with the local applicable CRS requirements in accordance with relevant local laws and legally obligated to collect certain information and/ or documents from the account holders related to their tax residence and report such information and/ or documents with the appropriate tax authorities in compliance with CRS requirements applicable in Pakistan.

Under the CRS, ABL AMC is required to determine where you are a 'tax resident'. Each CRS member country (jurisdiction) has its own rules for defining tax residency. In general, you will and that tax residency is the country/ jurisdiction in which you live; however, this may not always be the case. Special circumstances may cause you to be resident elsewhere or resident in more than one country/ jurisdiction at the same time (dual residency). If you are tax resident outside the country, whereas you hold account in Pakistan, we may need to provide Federal Board of Revenue (FBR) this information, along with information relating to your accounts, maybe needed. That may then be shared with tax authorities of your tax residency/ ies country/ ies.

**Who should complete this form?**

This form is applicable for individual account holder and sole proprietor. For joint or multiple account holders, each individual shall complete a copy of the form. If you are completing this form on behalf of someone else (for e.g. minor), please ensure that you let them know that you have done so and tell us in what capacity (for e.g. guardian) you are signing.

Where you need to self-certify on behalf of an entity account holder, please fill "Entity CRS self-certification form". Similarly, if you are a controlling person of an entity, please fill in a "controlling person tax residency self-certification form" instead of this form.

In case if you have already provided information in relation to the United States Government's Foreign Account Tax Compliance Act (FATCA), you may still need to provide additional information for the CRS as this is a separate regulation.

**Self-certification Validity and Duty of Due Care** – The form will remain valid unless there is a change in circumstances relating to information, such as the account holder's tax status or other mandatory yield information that makes the form incorrect or incomplete. In that case it shall be your responsibility to notify us immediately and provide an updated self-certification within 30 days of such change in circumstances. Completion of this form will ensure that ABL-AMCL holds accurate and up-to-date information about your tax residence. Your cooperation and due care will help you avoid any inconvenience that may occur due to inaccurate status reporting.

**Further Information:** If you have any questions on defining your tax residency status, please consult your professional tax consultant for advice. You can also find out more, including a list of jurisdictions that have signed agreements to automatically exchange information, along with details about the information being requested, on the [OECD Portal](http://www.fbr.gov.pk) and more information on Common Reporting Standard on FBR website <http://www.fbr.gov.pk>. Please refer provided CRS Key terms and definitions for your ready reference.

**Key Terms and Definition**

Note: These are selected definitions provided to assist you with the completion of this form. Further details can be found within the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information (the "CRS"), the associated commentary to the CRS, and domestic guidance. This can be found at the following link [OECD]. If you have any questions then please contact your tax adviser or domestic tax authority.

**"Account Holder"** The Account Holder means the person listed or identified as the holder of a Financial Account by the Financial Institution that maintains the account. A person, other than a Financial Institution, holding a Financial Account for the benefit or account of another person as agent, custodian, nominee, signatory, investment advisor or intermediary is not treated as holding the account for purposes of these rules and such other person is treated as holding the account. In the case of a Cash Value Insurance Contract or an Annuity Contract, the Account Holder is any person entitled to access the Cash Value or change the beneficiary of the contract. If no person can access the Cash Value or change the beneficiary, the Account Holder is any person named as the owner in the contract and any person with a vested entitlement to payment under the terms of the contract. Upon the maturity of a Cash Value Insurance Contract or an Annuity Contract, each person entitled to receive a payment under the contract is treated as an Account Holder.

**"Controlling Person"** This is a natural person who exercises control over an entity. Where an entity Account Holder is treated as a Passive Non Financial Entity ("NFE") then a Financial Institution must determine whether such Controlling Persons are Reportable Persons. This definition corresponds to the term "beneficial owner" as described in Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012). If the account is maintained for an entity of which the individual is a Controlling Person, then the "Controlling Person tax residency self-certification" form should be completed instead of this form.

**"Entity"** The term "Entity" means a legal person or a legal arrangement, such as a corporation, organization, partnership, trust or foundation.

**"Financial Account"** A Financial Account is an account maintained by a Financial Institution and includes: Depository Accounts; Custodial Accounts; Equity and debt interest in certain Investment Entities; Cash Value Insurance Contracts; and Annuity Contracts.

**"Participating Jurisdiction"** "Participating Jurisdiction" means a jurisdiction (i) with which an agreement is in place pursuant to which there is an obligation in place to provide the information specified in rule 78C, and (ii) which is identified in a published list to be made available on FBR's web portal.

**"Reportable Account"** The term "Reportable Account" means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person.

**"Reportable Jurisdiction"** Reportable Jurisdiction means all jurisdictions other than Pakistan and the United States of America.

**"Reportable Jurisdiction Person"** Reportable Jurisdiction Person means an individual or Entity that is resident in a Reportable Jurisdiction or an estate of a decedent that was a resident of Reportable Jurisdiction. For this purpose, an Entity such as a partnership, limited liability partnership or similar legal arrangement that has no residence for tax purposes shall be treated as resident in the jurisdiction in which its place of effective management is situated.

**"TIN" (including "functional equivalent")** The term "TIN" means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction. Further details of acceptable TINs can be found at the following link [OECD Portal].

**Note:** Some jurisdictions do not issue a TIN. However, these jurisdictions often utilize some other high integrity number with an equivalent level of identification (a "functional equivalent"). Examples of that type of number include, for individuals, a social security/ insurance number, citizen/ personal identification/ service code/ number, and resident registration number.

**4 FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA") SECTION**

This section of Account Opening Form must be completed by Individual Investor who wishes to open an investor account with ABL Funds each Joint Holder is required to fill this section separately. Please complete in BLOCK Letters

Name:  Country of Residence:   
 Country of Birth:  US Passport #  US SSN #   
 Please tick (✓) Yes or No for each of the following questions: US TIN #

Are your spouse/children US resident / Citizen Yes No If yes, Please provide Social Security & Passport No. below:  
 Spouse           US Passport No.  Child 1            
 Child 1 US Passport No.  Child 2           Child 2 US Passport No.

- Are you a US Resident? (if you have stayed in U.S. for more than 183 days in a U.S. tax year, please submit W-9 form) No Yes
- Are you a US Citizen? No Yes
- Are you holding a US Permanent Resident Card (Green Card)? No Yes
- Are you registered in the US as a tax payer? No Yes
- Standing instructions to transfer Funds to an account maintained in US

Note: If answer to any of the above-mentioned questions is "Yes" then please complete Form W-9 "Request for Taxpayer Identification Number and Certification".

**Declaration**

- I hereby confirm that the information provided above is true, accurate and complete.
- Subject to applicable local and foreign laws, I hereby consent for ABL AMCL, the Trustee of the Collective Investment Schemes/Voluntary Pension Schemes or any of their affiliates (including without limitation branches) to share my information with domestic and overseas tax authorities, where necessary to establish my tax liability in any jurisdiction.
- Subject to the requirements of domestic or overseas laws, I consent and agree that ABL AMCL or the Trustee of the Collective Investment Schemes/Voluntary Pension Schemes may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.
- I hereby undertake not to initiate any proceedings against ABL AMCL and the Trustee of the Collective Investment Schemes/Voluntary Pension Schemes in case any amounts are withheld from my account and remitted to the local or foreign authorities/regulators.
- I hereby undertake that I have not granted a Power of Attorney to a person who has an address outside Pakistan to operate the Investor Account (either physically or electronically).
- I hereby undertake that I have no intention to set up Payment Standing Instruction(s) for the banking account(s) or beneficiary account(s) in a country outside Pakistan
- I hereby undertake to notify ABL AMCL within thirty (30) calendar days in case of any change in any information whatsoever which I have provided to ABL AMCL; and
- I 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.

Signature/ Left Hand  
 Thumb Impression:

We do not accept cash. Payment to be made only in favor of the TRUSTEE through cross cheque, pay order or online transfer. نقد رقم قابل قبول نہیں۔ ادائیگی صرف ٹرنشی کے نام پر کریس یا چیک، پیے آرڈر یا آن لائن ذریعہ سے کرنی ضروری ہے۔



9 SPECIMEN SIGNATURE

1. Name \_\_\_\_\_

Signature:

2. Name \_\_\_\_\_

Signature:

3. Name \_\_\_\_\_

Signature:

4. Name \_\_\_\_\_

Signature:

10 UNDERTAKING

Undertaking by Investor

I \_\_\_\_\_ hereby undertake that the risk associated with the respective product has been adequately explained, disclosed and understood by me

		-			-				
--	--	---	--	--	---	--	--	--	--

Dated

Signature

Undertaking by Sales Agent

I \_\_\_\_\_ hereby conform the following:

I have explained the risk of the fund \_\_\_\_\_ being sold to the investor. I have explained that the possibility of principal being at risk is higher in case of high risk funds. I have not made or implied any guarantee with respect to return on investment amount. I/ we have not quoted any fixed return percentage or amount to the investor.

Signature of Sales Agent

		-			-				
--	--	---	--	--	---	--	--	--	--

Dated

Name & Signature of Immediate Supervisor

		-			-				
--	--	---	--	--	---	--	--	--	--

Dated

11 FOR ABL AMC SALES REPRESENTATIVE/ ABL BRANCH USE ONLY

ABL AMC Sales Staff/Distributor/Investment Faciliator Name

Branch Code

ABL Branch's Staff Name

Authorized Signature of ABL AMC Sales Staff / Distributor / Investment facilitator

ABL Branch Stamp with two officers' signature

12 FOR ABL AMC OFFICE USE ONLY

Transaction Date 

		-			-				
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(DD - MM - YYYY)

Transaction No.

Originator Staff No.

Data Input by

Form Received on:

Data and attachments verified by

Signature Operations Department

Get in Touch

- "INVEST" to 8262
- 021-111-225-262
- 042-111-225-262
- Website : www.ablfunds.com
- contactus@ablfunds.com

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A Wholly Owned Subsidiary of



We do not accept cash. Payment to be made only in favor of the TRUSTEE through cross cheque, pay order or online transfer. نقدی رقم قبول نہیں۔ ادائیگی صرف ٹریسٹ کے نام پر کراس چیک، پی او آر یا آن لائن ٹرانسفر کی صورت میں کی جائیگی۔

Note: Use of the name and logo of 'Allied Bank Limited' as given above does not mean that it is responsible for the liabilities/obligations of 'ABL Asset Management Company Limited' or any investment scheme managed by it.