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ABL AMC A/C No.

Date

تاریخ

PLEASE COMPLETE THE APPLICATION FORM IN BLOCK LETTERS.

**INFORMATION ABOUT THE PRINCIPAL ACCOUNT HOLDER** بنیادی اکاؤنٹ ہولڈر کے بارے میں معلومات

Name (Mr/Mrs/Ms) نام (محترم/محترما/مہترم)	Father's/Husband's Name (Mr) والد/شوہر کا نام
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female جنس مرد عورت	CNIC/Passport No. کیپیڈٹرائزڈ شناختی کارڈ/پاسپورٹ نمبر
Date of Birth تاریخ پیدائش	
Address پتہ	
City شہر	Country ملک
Zakat Deduction زکوٰۃ کی کوٹھی	<input type="checkbox"/> Yes <input type="checkbox"/> No ہاں نہیں
Office No. دفتر کا نمبر	Res No. گھر کا نمبر
Mobile No. موبائل نمبر	Email ای میل

**ACCOUNT OPENING INSTRUCTIONS** اکاؤنٹ کھولانے کی ہدایات

<input type="checkbox"/> Principal Account Holder Only صرف بنیادی اکاؤنٹ ہولڈر	<input type="checkbox"/> Jointly (All) مشترکہ (تمام)	<input type="checkbox"/> Either or Survivor متوفی یا حیات	<input type="checkbox"/> Other Instructions (Attached) دیگر ہدایات (منسلک)
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**NEXT OF KIN** نامزد قریبی عزیز

Name (Mr/Mrs/Ms) نام (محترم/محترما/مہترم)	Relation with Unit Holder یونٹ ہولڈر سے رشتہ
Address پتہ	
CNIC No. کیپیڈٹرائزڈ شناختی کارڈ نمبر	

**BANK ACCOUNT DETAILS OF PRINCIPAL ACCOUNT HOLDER** بنیادی اکاؤنٹ ہولڈر کے بینک اکاؤنٹ کی تفصیلات

Bank Account No. بینک اکاؤنٹ نمبر	Bank Name & Branch بینک کا نام اور برانچ
Bank Address بینک کا پتہ	Bank Telephone بینک کا فون نمبر

**INSTRUCTIONS FOR DELIVERY OF ACCOUNT INFORMATION** اکاؤنٹ سے متعلق معلومات کی فراہمی کیلئے ہدایات

Account Statements اکاؤنٹ کا گوشوارہ	<input type="checkbox"/> Email ای میل	<input type="checkbox"/> Post ڈاک	Frequency: تعداد	<input type="checkbox"/> Monthly ماہوار	<input type="checkbox"/> Quarterly سہ ماہی	<input type="checkbox"/> Half Yearly شش ماہی	<input type="checkbox"/> Annually سالانہ
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**INVESTMENT DETAILS** سرمایہ کاری کی تفصیلات

Name of Plan پلان کا نام	Asset Allocation	Frequency of investment	Initial investment (min Rs. 25,000)
<input type="checkbox"/> Sahara سہارا	Equity 20% Fixed Income 80%	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annually ماہوار سہ ماہی شش ماہی سالانہ	
<input type="checkbox"/> Taraqqi ترقی	Equity 40% Fixed Income 60%	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annually ماہوار سہ ماہی شش ماہی سالانہ	
<input type="checkbox"/> Khushali خوشحالی	Equity 70% Fixed Income 30%	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annually ماہوار سہ ماہی شش ماہی سالانہ	

Payment to be made to CDC Trustee ABL AMC FUNDS ازراہ اکرم ادا کیلئے ڈی سی آر ٹی ای سی اے بی ایل ایم سی فنڈ کے نام کریں

**SUBSEQUENT INVESTMENT MODE** مزید سرمایہ کاری کا طریقہ

<input type="checkbox"/> Standing Instruction to bank بینک کو دی گئی ہدایت پر	<input type="checkbox"/> Website ویب سائٹ	<input type="checkbox"/> Cheque / Pay Order / Demand Draft چیک پیے آرڈر ڈیمانڈ ڈرافٹ
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**DECLARATION** حلف نامہ

I/We have read and understood the relevant trust deed(s) and offering document(s) of the respective funds and supplementary offering document(s) of the plan(s) and I/We hereby apply for investment in plan(s). Moreover I/We have read understood and agreed to abide by all the rules, regulations, terms and condition of these investments their allocations and any risk associated with them together with the guidelines given in this form. I will be responsible for all transactions (investment / reinvestment / redemptions) made online through www.ablfunds.com and agree to comply with the online transaction policies / guidelines mentioned on www.ablfunds.com. I/we have carefully read and completed all applicable sections of this application form prior to submission.

I hereby provide my consent for account opening and using the information/documents provided to perform KYC related verification for necessary due diligence, including verification of the identity from NADRA (NADRA verisys) by ABL Asset Management Company Limited as required under the regulatory framework of account opening.

Date تاریخ \_\_\_\_\_ Signature دستخط \_\_\_\_\_ Signature دستخط \_\_\_\_\_

FOR OFFICE /DISTRIBUTORS USE ONLY	TRANSACTION No.	TRANSACTION DATE
Branch Code		
Branch Manager Staff No.		
Business Development Officer	Branch Manager's Signature	Bank Stamp
Originator Staff No.		
FOR REGISTRATION USE ONLY		
Investment Form Received on	Data and attachments verified by	Data Input by

## Guidelines for Completing Account Opening and Initial Investment Form (FORM A)

This form is designed to open an account and make investments in the Funds managed by ABL AMC.

Please complete the Application Form in Block Letters using a ball pen.

### INFORMATION ABOUT THE PRINCIPAL ACCOUNT HOLDER

Information about the principal account holder is recorded under this section:

### REQUIRED DOCUMENTS

Please provide the following documents with your Account Opening Form:

1. Copy of CNIC
2. Know Your Customer (KYC) Form
3. Copy of Zakat Affidavit (Only in case if "No" is selected in Zakat Deduction column)
4. Tax Exemption Certificate (Only in case if "Yes" is selected in Tax Exemption Column)
5. For Joint account holders of CNIC/Passport No. (for foreigners only)
6. Copy of CNIC of Nominee (Optional)

### DETAILS OF INVESTMENTS & PAYMENTS

1. Cash shall not be accepted.
2. Payments in the form of Cheque/PO/Draft should be made in favour of CDC-Trustee ABLAMC Funds as mentioned on front page and crossed "Payee Account Only".
3. If the cheque is returned, the application will be rejected.
4. An account statement will be dispatched at the registered address of the principal account holder within 7 working days from the date of realization of investment amount.
5. If acknowledgment of the investment is not received within the stipulated time, the investor should contact ABL Asset Management Company Limited, Plot 18-C, Stadium Lane 1, Khadda Market, DHA Phase V, Karachi.

### OTHER INSTRUCTIONS

1. Principal account holder must sign in the space provided
2. The officer will not accept the form without the signature of the principal account holder.
3. 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.

#### Get in Touch

-  "INVEST" to 8262     **021-111-225-262**  
 **042-111-225-262**     Website : [www.ablfunds.com](http://www.ablfunds.com)  
 [contactus@ablfunds.com](mailto:contactus@ablfunds.com)

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