

Account Opening Form - Institutions

General Instructions

For Institutions

- Fill the form in block letters and in legible handwriting to avoid errors in application processing. If any alteration is made, a countersign is mandatory.
- Fill the form yourself or get it filled in your presence Do not sign and/or submit blank forms.
- Please tick in the appropriate box wherever applicable, in case any field is not relevant, please mark 'N/A' (Not Applicable).
- 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 the Funds.
- Applications incomplete in any respect and/or not accompanied by required documents are liable to be held or rejected until complete requirements are fulfilled.
- 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 AMCL's Office: 48, Block- L, DHA Phase VI, Near Defence Raya Golf Club, Lahore.
- For more information about our products and services, call us at 042-111-225-262 or email at contactus@ablfunds.com.

Guidelines

- Cash/third party instrument will not be accepted
- Payment can be made in the form of RTGS, cross cheque, online transfer, pay order and demand draft etc.
- Please refer to the Initial Investment Form for the name and type of fund. Instrument should be crossed 'Account Payee Only'.
- If payment instrument is returned, the unpaid application will be rejected.
- It should be the responsibility of the applicant to pay all charges and taxes in relation to the units purchased by him/her.
- Front-end load (charges) and all taxes will be applicable on investment and Fund to Fund as per the constitutive documents of the Fund/ Plan.
- Application will be processed as per cut-off timings of the Fund.
- Units will be allocated after deduction of applicable load (charges) and all taxes.
- Back-end load (charges) will be applicable on Fund to Fund / Conversion / Redemption as per the Constitutive documents of the Fund.

DOCUMENT CHECKLIST

Before submitting this form, please make sure that the following applicable documents are attached. If one or more of the documents are missing, your application may be declined or processed with a delay.

<input type="checkbox"/> CTC of Memorandum and Articles of Association/By Laws/Trust Deed/ Partnership Deed/Agreement	<input type="checkbox"/> CTC of Identity Document & Account opening requisition on business letter head (in case of sole proprietor)	<input type="checkbox"/> Certificate of Incorporation / Registration
<input type="checkbox"/> CTC of Board Resolution (Account Opening/ Authorizing Investment/ Person Authorized to Operate the Account)/ Authority Letter from all partners, in original, authorizing the person(s) to operate firm's/LLP account.	<input type="checkbox"/> CTC of Form A/ Form B/LLP-Form-III or V/ Form - 29/ Inc.Form-II (In case of a resident company) & Foreign Inc Form - II (In case of a foreign company)	<input type="checkbox"/> CTC of Certificate of Commencement of Business
<input type="checkbox"/> CTC List of Authorized Signatories With their Specimen Signatures	<input type="checkbox"/> Registered Partnership Firm (Attested copy of Registration Certificate with Registrar of Firms)	<input type="checkbox"/> Approval/ Recognition Certificate
<input type="checkbox"/> CTC of CNIC/ NICOP of Directors. (As per Form A/ Form B & Form - 29)	<input type="checkbox"/> Details of ultimate beneficial owner(s)	<input type="checkbox"/> NTN/FTN/Sales Tax Registration, (wherever applicable)
<input type="checkbox"/> CTC of CNIC/ NICOP of all Authorized Signatories/ Trustees / Partners/ Natural Person/ Beneficial Owner	<input type="checkbox"/> W-8BEN-E & FATCA Questionnaire	<input type="checkbox"/> WHT exemption certificate (if any)
	<input type="checkbox"/> W-8BEN / W-9 (where applicable)	<input type="checkbox"/> Latest Audited Financials

1 INVESTOR DETAILS

Company / Business Name (Messrs) NTN

Registration No./ Incorporation No. Tax exemption Yes NO If yes kindly provide valid exemption certificate

Date of Incorporation/ Registration Place of Incorporation Date of Commencement of Business
(In case of US fill FATCA Form and other Country fill CRS)

Industry/ Sector

Registered Address

City Land Line E-mail

Name of Directors (As per Form A) / Partners / Trustees
(please attach separate sheet, if required) Website

Detail of Contact Person of the Applicant (Should only be an official or an Attorney of the Applicant)

Name Mr./Mrs./Ms: Designation of the official

Association of the Attorney with the Applicant

Address Land Line & Mobile No.

E-mail CNIC / SNIC / NICOP / ARC / POC No.

Date of issue - - Expiry Date - -

In case of Foreign person, please provide Passport details including passport no, issuance place & expiry date of passport:

Passport No. Place of issue Date of issue - - Expiry Date - -

Disclaimer: Make sure that provided email address is correct, active and pertinent as the same email address may be used by ABL AMCL to contact you for update investment information and for other customer services. This email address may also be used to access your investment information and execute transaction including redemption, conversion & update profile information etc. ABL AMCL will not be held responsible for any potential misuse of this email.

Signature of Authorized Signatory Signature of Authorized Signatory Signature of Authorized Signatory Signature of Authorized Signatory Company's Rubber Stamp

We do not accept cash. Payment to be made only in favor of the TRUSTEE through RTGS, cross cheque, online transfer, pay order and demand draft etc. نقد قبول نہیں۔ ادائیگی صرف بٹنکے یا پرمیٹریڈی ٹرانزیکشن کے ذریعے یا ڈیمنڈ ڈرافٹ اور آرڈر ٹرانزیکشن کے ذریعے۔

We do not accept cash. Payment to be made only in favor of the TRUSTEE through RTGS, cross cheque, online transfer, pay order and demand draft etc
 نقدہم قبول نہیں۔ ادا ہوگی صرف برقی نامہ برائے ٹرسٹی کے نام پر یا برقی منتقلی، کراس چیک، آن لائن ٹرانسفر، پی او آر اور ڈیمانڈ ڈرافٹ وغیرہ۔

2 PRIMARY BANK ACCOUNT DETAILS

IBAN/ Bank Account # _____
 Title of Account _____
 Bank/ Branch Details _____ Branch Code _____
 Note: This Bank account will be used for redemption proceeds and cash dividend disbursement (If any).

3 ACCOUNT OPERATING INSTRUCTIONS

Single Signatory Joint Signatories (By Any Two) Jointly by All
 Other (Please specify) _____

4 INVESTMENT DETAILS

Growth Units:
 The Unit value grows in line with the growth in the NAV, and the Unit Holders shall have the option to receive distribution income in the form of cash or bonus units, as and when declared.
 Distribution option: Cash Dividend Re-Investment Bonus Units

OR

Income Units: (Where applicable)
 Flexible Income Plan (Income based on performance of the fund).
 Fixed Income Plan (Income based on requirement of the investor), please specify amount Rs. _____
 (Please note that in case of fixed income plan, if the income required exceeds income earned on the Fund, the principal invested may deplete over time).

Periodic Payment:
 Periodic Payment on Income Units (I authorize ABL AMC to redeem my units to pay my income at regular intervals based on the above instructions).
 Please Tick one: Monthly Quarterly Half Yearly Annually

5 KNOW YOUR CUSTOMER (KYC) - MANDATORY

The Know Your Customer (KYC) section is meant to enable an investor to comply with the client identification program laid down by the Anti Money Laundering & Counter Terrorist Financing Regulations 2020.

Type of customer Bank Insurance Private Company Public Company NGO
 NPO Govt. Organization Trust Retirement Fund Club, Societies & Association etc.
 Agents Sole-Proprietorship Partnership Limited Liability Partnership Executors and Administrator
 Other (Please specify) _____

Source(s) of Funds Business Income Other (Please specify) _____

Parent Company Name (if applicable) _____ Resident/ Non Resident: _____

Geographical area of activity _____ Nature of Business _____

Ultimate Beneficiary _____

Expected Monthly No. of Transaction _____

Declaration by Investor (Please mark the box Yes or No as applicable)	Does associated with any entity run / owned by politically affiliated person / party? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does owned 50% or more stakes by any politically affiliated person / party? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Refused by any financial institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever opened an account on behalf of any other entity? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Does your entity belong to Countries / jurisdiction classified as "High Risk" under classification assigned by FATF. Such as "Iran & North Korea etc". <input type="checkbox"/> Yes <input type="checkbox"/> No	If entity is under the category of NPO / NGO / Trust and Charities <input type="checkbox"/> Yes <input type="checkbox"/> No
	Does your entity deals in high value items. (Jewelry or precious metals / stones, pictures, painting, books or other works of art, luxury cars items antiques etc and others as decided by management) <input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, please must fill & comply the followings) Ultimate Control held by _____ Sources of Funds _____
	Having Beneficial Ownership (BO) of Funds generated from dealing in above mentioned items. <input type="checkbox"/> Yes <input type="checkbox"/> No	• Governing body or NGO / NPO / Trust / Charities commit to inform about any change of control or ownership during operation of the account; • Governing body or NGO / NPO / Trust / Charities commit to provide Fresh resolution in case of any change in person(s) authorised to operate the account.
	If No, please provide the following: Name of BO: _____ Relation with Owner: _____	

Latest Financial Information

Net Asset: Rs. Upto 10 million Rs. 10 million to 250 million Rs. 250 million to 1 billion Rs. 1 billion and above

Net Income: Rs. Upto 5 million Rs. 5 million to 50 million Rs. 50 million to 500 million Rs. 500 million and above

Expected Monthly turnover / Investment Amount

Upto Rs. 10 million Rs. 10 million to 250 Million Rs. 250 million to 1 billion Rs. 1 billion and above

Risk Category High Moderate Low

 Signature of Authorized Signatory Signature of Authorized Signatory Signature of Authorized Signatory Signature of Authorized Signatory Company's Rubber Stamp

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 نقدی رقم قبول نہیں۔ ادا کیے جانے والے رقم کو RTGS، کراس چیک، آن لائن ٹرانسفر، پی آرڈر اور ڈیمانڈ ڈرافٹ وغیرہ۔

AUTHORIZED SIGNATORIES DETAILS				
NAME(S)	CNIC/ NICOP/ PASSPORT NO.	Place of Issue	Date of Issue	Date of Expiry

DETAILS OF DIRECTOR(S)/ PARTNER(S)/ TRUSTEE(S)/ MEMBER(S) OF GOVERNING BODY/ MEMBER(S) OF EXECUTIVE COMMITTEE/ CEO/ MANAGING DIRECTOR(S)/ PRESIDENT/PRINCIPAL TRUSTEE				
NAME(S)	CNIC/ NICOP/ PASSPORT NO.	Place of Issue	Date of Issue	Date of Expiry

(A). PLEASE PROVIDE THE FOLLOWING DETAILS OF INDIVIDUAL (NATURAL PERSON) SHAREHOLDERS HOLDING 25% OR ABOVE STAKE IN YOUR INSTITUTION					
NAME OF LEGAL PERSON(S) SHAREHOLDER(S)	CNIC/ NICOP/ PASSPORT NO.	Place of Issue	Date of Issue	Date of Expiry	% OF SHAREHOLDING

(B). PLEASE PROVIDE THE FOLLOWING DETAILS OF THE LEGAL PERSONS HOLDING SHARES EQUAL TO 25% OR ABOVE IN YOUR INSTITUTION		
NAME OF LEGAL PERSON(S)	NATURE OF BUSINESS	% OF SHAREHOLDING

(C). PLEASE PROVIDE THE FOLLOWING DETAILS OF THE INDIVIDUAL (NATURAL PERSON) HOLDING SHARES EQUAL TO 25% OR ABOVE OF THAT LEGAL PERSON MENTIONED IN (B) ABOVE					
NAME OF INDIVIDUAL (NATURAL PERSON) SHAREHOLDER(S)	CNIC/ NICOP/ PASSPORT NO.	Place of Issue	Date of Issue	Date of Expiry	% OF SHAREHOLDING

(D). PLEASE PROVIDE THE DETAILS OF LEGAL PERSON(S) IF ANY, WHO EXERCISE SIGNIFICANT INFLUENCE ON YOUR INSTITUTION OR HAS AN EXECUTIVE AUTHORITY IN YOUR INSTITUTION OR AN EQUIVALENT OR SIMILAR POSITION AND NOT COVERED IN (A), (B), AND (C)					
NAME OF LEGAL PERSON(S)	CNIC/ NICOP/ PASSPORT NO.	Place of Issue	Date of Issue	Date of Expiry	DETAILS OF BENEFICIAL OWNERSHIP

(E). PLEASE PROVIDE THE DETAILS OF BENEFICIAL OWNER OF THE INSTITUTION NOT DISCLOSED IN ANY OF THE ABOVE				
NAME OF BENEFICIAL OWNER(S)	CNIC/ NICOP/ PASSPORT NO.	Place of Issue	Date of Issue	Date of Expiry

Signature of Authorized Signatory
 Signature of Authorized Signatory
 Signature of Authorized Signatory
 Signature of Authorized Signatory
 Company's Rubber Stamp

6 ENTITY SELF CERTIFICATION FOR FATCA PURPOSE

Instructions for completion:

The Foreign Account Tax Compliance Act (FATCA) was enacted into U.S. law in March 2010. It is aimed at preventing U.S. taxpayers from using accounts held outside of the U.S. to evade taxes. Under U.S. federal tax law, ABL Asset Management Company Ltd. is required to request certain taxpayer information from certain persons who maintain an account (whether such persons are US taxpayers or not). Information collected will be used solely to fulfil the ABL Asset Management Company's requirements under U.S. federal tax law and will not be used for any other purpose. To assist you in completing this form, a glossary of terms is attached to this form. ABL Asset Management Company does not provide tax advice and will not be liable for any errors contained in this form. If you have any questions about how to complete this form you should contact your tax advisor.

SECTION 1: CLASSIFICATION FOR FATCA PURPOSE

Please tick one box only in this section.

A. Financial Institution

- 1.1 Exempt Beneficial Owner Please provide Form W8 BEN E
- 1.2 Participating Foreign Financial Institution Please provide Form W8 BEN E and complete Section 2
- 1.3 Non-Participating Foreign Financial Institution Account cannot be opened
- 1.4 Pakistani Financial Institution or a Partner Jurisdiction Financial Institution Please provide Form W8 BEN E and complete Section 2
- 1.5 Financial Institution resident in the USA or in a US Territory Please complete Section 2
- 1.6 Deemed Compliant Foreign Financial Institution (besides those listed above) Please provide Form W8 BEN E

B. Non-Financial Foreign Entity

- 1.7 Active Non-Financial Foreign Entity
- 1.8 Passive Non-Financial Foreign Entity Please complete Section 3

C. Specified U.S. Person

- 1.9 Specified U.S. Person Please provide Form W-9 and US-TIN Number

Signature:

SECTION 2: FINANCIAL INSTITUTIONS

2.1 Please provide your Global Intermediary Identification Number ('GIIN')

2.2 If you are unable to provide a GIIN, please tick one of the below reasons;

- (i) The Entity is a IGA Partner Jurisdiction Financial Institution and have not yet obtained a GIIN
- (ii) GIIN not yet obtained but sponsored by another entity which does have a GIIN

Sponsor's Name:

Sponsor's GIIN:

- (iii) US Person but not a Specified US Person

SECTION 3: PASSIVE NON-FINANCIAL FOREIGN ENTITY

If you are a Passive Non-Financial Foreign Entity, we are required to establish whether any Controlling Person (refer Glossary for meaning of Controlling Person) is a U.S citizen or resident in the U.S. for tax purposes. Please provide certification for all such controlling persons of the entity. *

Full Name	US Citizen		US Resident		Place of Birth	TIN (If applicable)	Contact No.
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Ownership %	Position	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

*If additional self-certifications are required, please copy this page.

Authorized Signatory 1		Authorized Signatory 2	
Name:	<input type="text"/>	Name:	<input type="text"/>
Contact No.:	<input type="text"/>	Contact No.:	<input type="text"/>
Signature:	<input type="text"/>	Signature:	<input type="text"/>
Date:	<input type="text"/>	Date:	<input type="text"/>

Signature of Authorized Signatory

Signature of Authorized Signatory

Signature of Authorized Signatory

Signature of Authorized Signatory

Company's Rubber Stamp

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 نقدی رقم قبول نہیں۔ ادا کیلئے صرف بینک کے ذریعے ٹرانسفر، کراس چیک، آن لائن ٹرانسفر، پی آرڈر اور ڈیمانڈ ڈرافٹ وغیرہ۔

Even 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.

SECTION 1 – IDENTIFICATION OF ACCOUNT HOLDER

Legal Name of Entity	<input type="text"/>	Country of Incorporation	<input type="text"/>
Current Address	<input type="text"/>	Country	<input type="text"/>
Mailing Address	<input type="text"/>	Country	<input type="text"/>
Registration Number (UIN Number)	<input type="text"/>		

SECTION 2 – ENTITY TYPE (PLEASE PROVIDE THE ACCOUNT HOLDER'S STATUS BY TICKING ONE OF THE FOLLOWING BOXES)

1. (a) Financial Institution – Investment Entity

i. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution
 Note: If ticking this box please also complete the sub-section 2(a)

ii. Other Investment Entity

(b) Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company
 If you have ticked (a) or (b) above, please provide, if held, the Account Holder's Global Intermediary Identification Number ("GIIN") obtained for FATCA purposes.

(c) Securities market, provide name of that market:
 If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation

(d) Active NFE – a Government Entity or Central Bank
 (e) Active NFE – an International Organization
 (f) Active NFE – other than (c) - (e) (for example a start-up NFE or a non-profit NFE)
 (g) Passive NFE (Note: If ticking this box please also complete the sub-section 2(a) below)

2. If you have ticked 1(a)(i) or 1(g) above, then please:

(a) Indicate the name of any Controlling Person(s) of the Account Holder:

(i) (ii)

(b) Complete "Controlling Person tax residency self-certification form" for each Controlling Person.
 Note: Please refer to "Controlling Person tax residency self-certification form" and complete the said form for each Controlling Person. If there are no natural person(s) who exercise control of the Entity, then the Controlling Person will be the natural person(s) who holds the position of senior managing official. (Please see the definition of Controlling Person in GLOSSARY section).

SECTION 3 – COUNTRY OF RESIDENCE FOR TAX PURPOSES AND RELATED TAXPAYER IDENTIFICATION NUMBER ("TIN")

Please indicate countries where Account Holder is tax resident and TIN for each country or equivalent number. If a TIN is unavailable please provide the appropriate reason A, B or C as explained below:

Reason A - The country / jurisdiction where the Account Holder is resident does not issue TINs to its residents;
 Reason B - The Account Holder is unable to obtain a TIN or equivalent number (Please explain reason of not obtaining TIN);
 Reason C - No TIN is required for that country/ jurisdiction.

	Country of tax residence	TIN	If no TIN available enter Reason A, B or C
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.
 (If the Account Holder is tax resident in more than three countries please use a separate sheet)

CRS DECLARATION & SIGNATURE (ENTITY)

I/ we understand that the information supplied by me/ our 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/us. I/ we 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 the 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/ we certify that I am/ we are authorized to sign for the Account Holder of all the account(s) to which this form relates.

I/ we hereby declare and confirm (as an authorized signatory of the Entity) that all information provided in this Self-Certification Form is to the best of my/ our knowledge and belief, correct and complete.

I/ we hereby undertake that where I/ we have provided information regarding any other person (such as Controlling Person or other Reportable Person to which this form relates), I/ we will immediately inform/notify those persons that I/ we have provided such information to the Company, and that such information may be provided to the tax authorities of the country/jurisdiction in which the account(s) is/are maintained and exchanged with tax authorities of another country or jurisdiction in which person may be a tax resident pursuant to intergovernmental agreements to exchange financial account information. I/ we hereby indemnify and hold the Company and its directors, officers, representatives and employees harmless from all costs, expenses, losses, damages, liability, penalties incurred, suffered and/or imposed on the 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/ we agree and undertake that if there is any change in any information which I/ we have provided in this form, I/ we shall submit a new form within thirty (30) calendar days.

Name: Date: --

Signature: Capacity:

Note: Please indicate the capacity in which you are signing the form (for example 'Authorized Officer'). If signing under a power of attorney please also attach a certified copy of the power of attorney.

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Signature of Authorized Signatory Signature of Authorized Signatory Signature of Authorized Signatory Signature of Authorized Signatory Company's Rubber Stamp

Introduction

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 19th April, 2017 and Government of Pakistan Notification SRO No. 166V/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 AMCL is required to determine where an entity is 'tax resident' (this will usually be where you are liable to pay corporate income taxes). If you are tax resident outside the country where your account is held, we may need to give information to the local tax authority, along with information relating to your accounts. That may then be shared between relevant tax authorities.

Who should complete this form?

Please complete the form where you need to self-certify on behalf of an entity account holder. For joint or multiple account holders please complete a separate form for each account holder. If you are an individual account holder or sole proprietor, please complete the "Individual CRS Self-Certification Form".

Even 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.

Please indicate the capacity in which you have signed in Part 4. For example you may be the custodian or nominee of an account on behalf of the account holder, or you may be completing the form under a signatory authority or power of attorney.

Where you are a Passive Non-Financial Entity (NFE), or an Investment Entity located in a Non-Participating Jurisdiction managed by another Financial Institution, please provide information on the natural person(s) who exercise control over the account holder (individuals referred to as "Controlling Person(s)") by completing a "Controlling Person Self-certification form" for each Controlling Person(s). This information should be provided by all Investment Entities located in a Non-Participating Jurisdiction and managed by another Financial Institution.

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 field 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 and more information on Common Reporting Standard on FBR website <http://www.fbr.gov.pk>. Please refer to Appendix attached with form for definitions and CRS Key terms.

Key Terms and Definitions 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 OECD Portal.

If you have any questions then please contact your tax advisor 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.

Active NFE

An NFE is an Active NFE if it meets any of the criteria listed below. In summary, those criteria refer to: whether or not any of them exercises control over the activities of the trust. Where the settlor(s) of a trust is an Entity then the CRS requires Financial Institutions to also identify the Controlling Persons of the settlor(s) and when required report them as Controlling Persons of the trust. In the case of a legal arrangement other than a trust, "Controlling Person(s)" means persons in equivalent or similar positions.

Custodial Institution

The term "Custodial Institution" means any Entity that holds, as a substantial portion of its business, Financial Assets for the account of others. This is where the Entity's gross income attributable to the holding of Financial Assets and related financial services equals or exceeds 20% of the Entity's gross income during the shorter of: (i) the three-year period that ends on 31 December (or the final day of a non-calendar year accounting period) prior to the year in which the determination is being made; or (ii) the period during which the Entity has been in existence.

Depository Institution

The term "Depository Institution" means any Entity that accepts deposits in the ordinary course of a banking or similar business.

FATCA

FATCA stands for the Foreign Account Tax Compliance provisions, which were enacted into U.S. law as part of the Hiring Incentives to Restore Employment (HIRE) Act on March 18, 2010. FATCA creates a new information reporting and withholding regime for payments made to certain non-U.S. financial institutions and other non-U.S. entities.

Entity

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

Financial Institution

The term "Financial Institution" means a "Custodial Institution", a "Depository Institution", an "Investment Entity", or a "Specified Insurance Company". (Please refer to the relevant definition in the form for more details)

Governmental Entity

"Governmental Entity" means the government of a jurisdiction, any political subdivision of a jurisdiction (which, for the avoidance of doubt, includes a state, province, county or municipality) or any wholly owned agency or instrumentality of a jurisdiction or of any one or more of the foregoing (each, a "Governmental Entity"). This category is comprised of the integral parts, controlled entities and political subdivisions of a jurisdiction.

Explanation - For the purpose of this clause, - (i) An "integral part" of a jurisdiction means any person, organization, agency, bureau, fund, instrumentality or other body, however designated, that constitutes a governing authority of a jurisdiction. The net earnings of the governing authority must be credited to its own account or to other accounts of the jurisdiction, with no portion inuring to the benefit of any private person. An integral part does not include any individual who is a sovereign, official or administrator acting in a private or personal capacity.

- Active NFEs by reason of income and assets;
- Publicly traded NFEs;
- Governmental Entities, International Organizations, Central Banks, or their wholly owned Entities;
- Holding NFEs that are members of a nonfinancial group;
- Start-up NFEs;
- NFEs that are liquidating or emerging from bankruptcy;
- Treasury centers that are members of a nonfinancial group; or
- Non-profit NFEs.

- An entity will be classified as Active NFE if it meets any of the following criteria:
- a) less than 50% of the NFE's gross income for the preceding calendar year or other appropriate reporting period is passive income and less than 50% of the assets held by the NFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income;
 - b) the stock of the NFE is regularly traded on an established securities market or the NFE is a Related Entity of an Entity the stock of which is regularly traded on an established securities market;
 - c) the NFE is a Governmental Entity, an International Organization, a Central Bank, or an Entity wholly owned by one or more of the foregoing;
 - d) substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an Entity does not qualify for this status if the Entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
 - e) the NFE is not yet operating a business and has no prior operating history, (a "start-up NFE") but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE does not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
 - f) the NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
 - g) the NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution; or
 - h) the NFE meets all of the following requirements:
 - i - it is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare;
 - ii - it is exempt from income tax in its jurisdiction of residence;
 - iii - it has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
 - iv - the applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and
 - v - the applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a Governmental Entity or other non-profit organization, or escheat to the government of the NFE's jurisdiction of residence or any political subdivision. Note: Certain entities (such as U.S. Territory NFEs) may qualify for Active NFE status under FATCA but not Active NFE status under the CRS.

Control

"Control" over an Entity is generally exercised by the natural person(s) who ultimately has a controlling ownership interest (typically on the basis of a certain percentage (e.g. 25%) in the Entity. Where no natural person(s) exercises control through ownership interests, the Controlling Person(s) of the Entity will be the natural person(s) who exercises control of the Entity through other means. Where no natural person(s) is/are identified as exercising control of the Entity through ownership interests, then under the CRS the Reportable Person is deemed to be the natural person who hold the position of senior managing official.

Controlling Person(s)

"Controlling Person(s)" are the natural person(s) who exercise control over an entity. Where that entity is treated as a Passive Non-Financial Entity ("Passive NFE") then a Financial Institution is required to determine whether or not these Controlling Persons are Reportable Persons. This definition corresponds to the term "beneficial owner" described in Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012). In the case of a trust, the Controlling Person(s) are the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary(ies) or class(es) of beneficiaries, or any other natural person(s) exercising ultimate effective control over the trust (including through a chain of control or ownership). Under the CRS the settlor(s), the trustee(s), the protector(s) (if any), and the beneficiary(ies) or class(es) of beneficiaries, are always treated as Controlling Persons of a trust, regardless of described in sub-clause (i) of clause (f), or an Entity's gross income is primarily attributable to investing, reinvesting or trading in Financial Assets for purposes of sub-clause (ii) of clause (f), if the Entity's gross income attributable to the relevant activities equals or exceeds fifty per cent of the Entity's gross income during the shorter of (a) the three-year period ending on the 31st December of the year preceding the year in which the determination is made; or (b) the period during which the Entity has been in existence. The term "Investment Entity" does not include an Entity that is an Active NFE because it meets any of the criteria in sub-clause (iv) through (vii) of clause (a) of rule 78B. "Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution."

NFE

An "NFE" is any Entity that is not a Financial Institution.

Non-Reporting Financial Institution

- A Non-Reporting Financial Institution" means any Financial Institution that is:
- A Governmental Entity, International Organization or Central Bank, other than with respect to a payment that is derived from an obligation held in connection with a commercial financial activity of a type engaged in by a Specified Insurance Company, Custodial Institution, or
 - Depository institution,
 - A Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; a Pension Fund of a Governmental Entity, International Organization or Central Bank; or a Qualified Credit Card Issuer;
 - An Exempt Collective Investment Vehicle; or
 - A Trustee-Documented Trust: a trust where the trustee of the trust is a Reporting Financial Institution and reports all information required to be reported with respect to all Reportable Accounts of the trust;
 - Any other defined in a countries domestic law as a Non-Reporting Financial Institution.

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; "Participating Jurisdiction Financial Institution" The term "Participating Jurisdiction Financial Institution" means (i) any Financial Institution that is tax resident in a Participating Jurisdiction, but excludes any branch of that Financial Institution that is located outside of that jurisdiction, and (ii) any branch of a Financial Institution that is not tax resident in a Participating Jurisdiction, if that branch is located in such Participating Jurisdiction.

Passive NFE

Under the CRS a "Passive NFE" means any: (i) NFE that is not an Active NFE; and (ii) Investment Entity located in a Non- Participating Jurisdiction and managed by another Financial Institution.

Related Entity

An Entity is a "Related Entity" of another Entity if either Entity controls the other Entity, or the two Entities are under common control. For this purpose control includes direct or indirect ownership of more than 50% of the vote and value in an Entity.

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;

We do not accept cash. Payment to be made only in favor of the TRUSTEE through RTGS, cross cheque, online transfer, pay order and demand draft etc. تقدیم قبول نہیں۔ ادائیگی صرف برائے ٹرسٹی کے نام پر کرنسی چیک، آئی این آر پاس چیک، آن لائن ٹرانسفر، پی اے او آر اور ڈیمانڈ ڈرافٹ ذریعہ۔

Signature of Authorized Signatory Signature of Authorized Signatory Signature of Authorized Signatory Signature of Authorized Signatory Company's Rubber Stamp

We do not accept cash. Payment to be made only in favor of the TRUSTEE through RTGS, cross cheque, online transfer, pay order and demand draft etc. نقداً قبول نہیں۔ ادائیگی صرف ٹرنشی کے نام پر کرنسی کی چیک، آرنڈ اور ڈیمانڈ ڈرافٹ وغیرہ۔

(ii) A "controlled entity" means an Entity that is separate in form from the jurisdiction or that otherwise constitutes a separate juridical entity, provided that-

a. the Entity is wholly owned and controlled by one or more Governmental Entities directly or through one or more controlled entities;

b. the Entity's net earnings are credited to its own account or to the accounts of one or more Governmental Entities, with no portion of its income inuring to the benefit of any private person; and

c. the Entity's assets vest in one or more Governmental Entities upon dissolution; and

(iii) Income does not inure to the benefit of private persons if such persons are the intended beneficiaries of a governmental program and the program activities are performed for the general public with respect to the common welfare or relate to the administration of some phase of government. Notwithstanding the foregoing, however, income is considered to inure to the benefit of private persons if the income is derived from the use of a governmental entity to conduct a commercial business, such as a commercial banking business that provides financial services to private persons. "International Organization" "International Organization" means any international organization or wholly owned agency or instrumentality thereof and includes any intergovernmental organization (including a supranational organization) that is comprised primarily of governments, that has in effect a headquarters or substantially similar agreement with Pakistan and the income of which does not inure to the benefit of private persons.

Investment Entity
Investment Entity means any Entity

(i) An Entity that primarily conducts as a business one or more of the following activities or operations for or on behalf of a customer:

- Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading;
- Individual and collective portfolio management; or
- otherwise investing, administering or managing Financial Assets or money on behalf of other persons; or

(ii) The gross income of which is primarily attributable to investing, reinvesting or trading in Financial Assets, if the Entity is managed by another Entity that is a Depository Institution, a Custodial Institution, a Specified Insurance Company or an Investment Entity described in sub-clause (i);
An Entity is treated as primarily conducting as a business one or more of the activities

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;

Reportable Person
Reportable Person means a Person other than-

- a corporation the stock of which is regularly traded on one or more established securities markets;
- any corporation that is a Related Entity of a corporation described in sub-clause (i);
- a Governmental Entity;
- an International Organization;
- a Central Bank; or
- a Financial Institution.

Specified Insurance Company
The term "Specified Insurance Company" means any Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

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 OECD Portal 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 Entities, a Business/company registration code/number.

8 DECLARATION & SIGNATURE

I/ we have carefully read, understand and agree to abide by all the rules, regulations, terms and conditions given in the form / constitutive documents along with details of Sales Load to be deducted (if any) and all taxes. The details provided by me/ us are true, correct and complete to the best of my/our knowledge and belief, and the documents submitted along with this application are genuine. I/ we hereby undertake to promptly inform the company of any changes to the information provided in this form. I/ We shall not use this account to support/ finance any unlawful activity like money laundering, terrorist financing and I/ we shall update the ABL AMCL about any changes in my/our mailing address/ contact information and / or any change in any of the information furnished in this account opening form viz; nature of business, source of income, in compliance with NBFC regulations & AML/CTF Regulations and AMC's own internal control requirements from time to time. I/ we further agree to provide proper evidence / proof of incoming to the ABL AMCL at any point of time, if required, which are arriving in my above account I/ we certify that I/ we have the power and authority to establish this account and the features and services requested and that the authorizations hereon shall continue until any written notice of a modification or a termination signed by all appropriate parties. I/ we hereby accept that the company may at any time in the future require verification before processing any requested transaction in this account; the verification procedures may include recording instructions, requiring certain identifying information before acting upon instructions and sending written confirmations. With respect to the value added services offered by the company, I/ we waive and discharge the company fully from any delay due to breakdown or sending of such services, beyond reasonable control of the company, and understand that the company may at its absolute discretion, discontinue any of the services completely or partially without any notice to me/ us. I/ we have understood that investments in mutual funds are subject to market risks and fund prices may go up or down based on market conditions. I/ we have understood that past performance is not necessarily an indicator of future results and there is no fixed or guaranteed return. I/ we acknowledge and accept that the ABL AMCL reserves the right to close or suspend without prior notice, my/ our account if required document/information is not submitted within stipulated time.

I/ we hereby provide my/our 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.

Signature of Authorized Signatory	Signature of Authorized Signatory	Signature of Authorized Signatory	Signature of Authorized Signatory	Company's Rubber Stamp

9 FOR ABL AMCL SALES REPRESENTATIVE/ ABL BRANCH USE ONLY

ABL AMCL Sales Staff /Investment Faciliator Name /Distributor _____ _____ _____	Branch Code _____ _____	ABL Branch's Staff Name _____ _____
Authorised Signature of ABL AMCL Sales Staff / Investment faciliator /Distributor (Rubber Stamp Incase of Distributor)	ABL Branch Stamp with two officers' signature	

10 FOR ABL AMCL OFFICE USE ONLY

Transaction Date <input style="width: 100%;" type="text"/> (DD - MM - YY)	Transaction No. <input style="width: 100%;" type="text"/>	Originator Staff No. <input style="width: 100%;" type="text"/>
Data Input by <input style="width: 100%;" type="text"/>	Form Received on: <input style="width: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/> Signature Operations Department
Data and attachments verified by <input style="width: 100%;" type="text"/>		

6	NAME OF COLLECTIVE INVESTMENT SCHEME	ACCOUNT PAYEE TITLE
-	ABL Cash Fund	CDC Trustee ABL Cash Fund
-	ABL Special Savings Fund (ABL Special Savings Plan I, II, III, IV, V and VI)	CDC Trustee ABL Special Savings Fund- ABL Special Savings Plan-(I, II, III, IV, V and VI)
-	ABL Government Securities Fund	CDC Trustee ABL Government Securities Fund
-	ABL Income Fund	CDC Trustee ABL Income Fund
-	ABL Financial Sector Fund (ABL Financial Sector Plan I)	CDC-Trustee ABL Financial Sector Fund- Plan-I
-	ABL Financial Planning Fund (Conservative Allocation, Active Allocation)	MCBFSL Trustee ABL Financial Planning Fund (Conservative Allocation Plan & Active Allocation Plan)
-	ABL Stock Fund	CDC Trustee ABL Stock Fund
-	Allied Finergy Fund	CDC Trustee Allied Finergy Fund

	NAME OF COLLECTIVE INVESTMENT SCHEME	ACCOUNT PAYEE TITLE
-	ABL Islamic Cash Fund	CDC Trustee ABL Islamic Cash Fund
-	ABL Islamic Income Fund	CDC Trustee ABL Islamic Income Fund
-	ABL Islamic Financial Planning Fund (Conservative, Active & Aggressive Allocation)	MCBFSL Trustee ABL Islamic Financial Planning Fund (Conservative, Active & Aggressive Allocation Plan)
-	ABL Islamic Stock Fund	MCBFSL Trustee ABL Islamic Stock Fund
-	ABL Islamic Asset Allocation Fund	MCBFSL Trustee ABL Islamic Asset Allocation Fund

7 RISK DISCLOSURE STATEMENT

To be filled by the Investor

I/we confirm that I am/ we are investing in _____ Fund and the risk level of this fund is mentioned in section 4. I/we confirm that I/we will not hold ABL AMCL responsible for any loss which may occur as a result of my decision. I/we further agree that ABL AMCL has advised us to select a specific fund category as per my/ our risk profile. However, I/we reserve the discretion to invest in any other fund category. I/we further confirm that I/we have read the Fund Manager Report, Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern these Investment transactions.

میں/ہم اس بات کی تصدیق کرتے ہیں کہ میں/ہم _____ فنڈ میں سرمایہ کاری کر رہے ہیں اور اس فنڈ کے ریسک لیول کا ذکر سیکشن ۴ میں کیا گیا ہے۔ میں/ہم اس بات کی تصدیق کرتے ہیں کہ میں/ہم اے بی ایل اے ایف سی ایل کو کسی بھی نقصان کیلئے ذمے دار نہیں ٹھہرائیں گے جو میرے/ہمارے فیصلے کے نتیجے میں ہو سکتا ہے۔ میں/ہم مزید اتفاق کرتے ہیں کہ اے بی ایل اے ایف سی ایل نے میرے/ہمارے ریسک پروفائل کے مطابق ایک مخصوص فنڈ/پلان کی تجویز پیش کی ہے۔ تاہم، مجھے/ہمارے پاس کسی بھی فنڈ کے زمرے میں سرمایہ کاری کرنے کی صوابدید ہے۔ میں/ہم مزید تصدیق کرتے ہیں کہ میں/ہم نے فنڈ مینجری رپورٹ، ٹرسٹ ڈیڈ، آفرنگ ڈاکیومنٹ، اضافی ٹرسٹ ڈیڈ اور اضافی آفرنگ ڈاکیومنٹ کو پڑھا ہے۔

Dated

Signature of Authorized Signatory

8 UNDERTAKING

Undertaking by Investor

I/we _____ hereby undertake that the risk associated with the respective product has been adequately explained, disclosed and understood by me/ us.

Dated

Signature of Authorized Signatory

Undertaking by Sales Agent

I/we _____ hereby confirm the following:

I/we have explained the risk of the fund _____ being sold to the investor. I/we have explained that the possibility of principal being at risk is higher in case of high risk funds. I/we 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 _____

9 FOR ABL AMCL OFFICE USE ONLY

Transaction Date _____
(DD - MM - YY)

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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