

Investment Form - Mutual Funds

Form 2

FOR INDIVIDUALS & INSTITUTIONS

1 INVESTOR DETAILS (IN BLOCK LETTERS)

Investor Name:

CNIC/NICOP/ Passport No. NTN
(In case of Individual) (In case of Corporate Client)

2 INVESTMENT DETAILS

	Name of Fund	Type	Amount in PKR	Amount in Words
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please select recommended fund as per your Risk Profiling Score From Section 6

3 PAYMENT DETAILS

Payment Mode Cheque Pay Order Online Transfer RTGS

	Cheque No./ Pay Order No./ Online Transfer	Bank Name	Branch
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"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>

For payment instructions please refer to the Guidelines section of this form.

4 RISK PROFILE OF CIS/ PLANS

Fund / Plan Name	Risk Profile	Risk of Principal Erosion
ABL Cash Fund ABL Islamic Cash Fund ABL Money Market Fund (ABL Money Market Plan-) ABL Islamic Money Market Fund (ABL Islamic Money Market Plan-) ABL Fixed Rate Fund (ABL Fixed Rate Plans) ABL Special Savings Fund (ABL Special Savings Plans)	Low	Principal at Low Risk
ABL Government Securities Fund ABL Islamic Sovereign Fund (ABL Islamic Sovereign Plan-I)	Moderate	Principal at Moderate Risk
ABL Income Fund, ABL Islamic Income Fund ABL Financial Sector Fund (ABL Financial Sector Plan-I), ABL Islamic Asset Allocation Fund ABL IFPF (Conservative Allocation) ABL IFPF (Conservative Allocation) ABL AMCL Financial Planner - (Moderate Plan, Dynamic Plan)	Medium	Principal at Medium Risk
ABL IFPF (Active Allocation) ABL IFPF (Active Allocation, Aggressive Allocation) ABL Stock Fund ABL Islamic Stock Fund Allied Finergy Fund	High	Principal at High Risk

5 DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(S)

I/we will not claim Repatriation from Pakistan of Dividends and Sale proceeds of the units except as permissible under the Rules of the State Bank of Pakistan or Ministry of Finance, Government of Pakistan. I/we have carefully read, understand and agree to abide by all the rules, regulations, relevant Trust Deed(s), Offering Documents, guidelines (on the back of this form) that govern this transactions, terms and conditions given in the form / constitutive documents along with details of Sales Load to be deducted (if any) including taxes. I/we am/are fully informed and understand that investment in units of CIS(s) are not bank deposit, not guaranteed and not issued by any person. Shareholders of ABL Funds are not responsible for any loss to investor resulting from the operations of any CIS launched by ABL Funds unless otherwise mentioned. 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 have understood that past performance of the fund is not necessarily an indicator of future results and there is no fixed or guaranteed return. I/we acknowledge and accept that 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 understand that this CIS Risk Categorization will help me/us assess my/our risk appetite. I am/we are aware that my/our financial needs may change over time depending on my/our personal and situation objectives. I/we shall be solely responsible for all of my/our current and future investment transactions.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Signature	Signature	Signature	Rubber Stamp (In case of Institutional Client)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sales Load (A) and all Taxes	Rebate (B)	Net Load Charged (A-B)	Investor's 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 ٹریسٹے کے نام پر کراس چیک، پیے آرڈر یا آن لائن ٹرانزیکشن کی صورت میں کی جائیگی۔

6 RISK PROFILING

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.

1	Age in (years)	2	Level of Understanding & Knowledge	3	Your Investment Horizon
	Above 60 years	1	Less / Limited Knowledge	1	Less than or equal to 1 year
	Between 46 to 60 years	2	Average	2	Greater than 1 year but less than 3 years
	Between 31 to 45 years	3	Good	3	Greater than 3 years but less than 5 years
	Between 18 to 30 years	4	Expert	4	Greater than 5 years
	Score		Score		Score

4	Primary Investment Objective	5	Your Risk Tolerance	6	Of my Current Income, I am able to save up to:
	Preserving Capital	1	Low Risk: Cut losses immediately and liquidate all investments. Capital preservation is paramount.	1	<=5%
	Regular Income	2	Medium Risk: Cut your losses and transfer investments to safer asset classes.	2	6% to 10%
	Capital growth	3	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.	3	11% to 25%
	Highest Potential Return	4	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.	4	> 25%
	Score		Score		Score

7	Existing Investments - Equities	8	Existing Investments - Others	9	Current Liabilities or Borrowings
	Up to PKR 100,000	1	Up to PKR 100,000	1	More than PKR 1,500,000
	PKR 100,001-500,000	2	PKR 100,001-500,000	2	PKR 500,001 - 1,500,000
	PKR 500,001-1,500,000	3	PKR 500,001-1,500,000	3	PKR 100,001 - 500,000
	More than PKR 1,500,000	4	More than PKR 1,500,000	4	Up to PKR 100,000
	Score		Score		Score

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

Your Portfolio	Score	Risk Profile	Category of CIS Plan	Fund / Plan Name
	9 - 15	Low	Money Market Scheme, Shariah Compliant Money Market Scheme, Fixed Rate/Return Scheme, Capital Protected Scheme (Non-Equity)	ABL Cash Fund, ABL Islamic Cash Fund, ABL Money Market Fund (ABL Money Market Plan-I), ABL Islamic Money Market Fund (ABL Islamic Money Market Plan-I), ABL Fixed Rate Fund (ABL Fixed Rate Plans), ABL Special Savings Fund (ABL Special Savings Plans)
	16 - 22	Moderate	Income Scheme, Shariah Compliant Income Scheme	ABL Government Securities Fund ABL Islamic Sovereign Fund (ABL Islamic Sovereign Plan-I)
	23 - 29	Medium	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 Financial Sector Fund (ABL Financial Sector Plan-I), 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/ we understand that this risk profiling questionnaire will help me/ us assess my/ our risk appetite based on the information provided by me/ us. I am/ we are aware that my/ our financial needs may change over time depending on my/ our personal and situation objectives. I/ we shall be solely responsible for all of my/ our current and future investment, conversion and transfer transactions if these transactions are not in accordance with my/ our above-mentioned risk profiling results. I/ we 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 / Joint 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.
 نقد رقم قابل قبول نہیں۔ ادائیگی صرف ٹرنٹی کے نام پر کراس چیک، پیے آرڈر یا آن لائن ٹرانزیکشن کی صورت میں کی جائیگی۔

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 ایم 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 ایم سی ایل نے میرے/ ہمارے ریسک پروفائل کے مطابق ایک مخصوص فنڈ/ پلان کیلئے پیش کیا 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 نیچر کی رپورٹ، ٹرسٹ ڈیڈ، آفرنگ ڈاکیومنٹ، ضمنی ٹرسٹ ڈیڈ اور ضمنی آفرنگ ڈاکیومنٹ کو پڑھا ہے۔

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Dated

Principal / Joint Account Holder Signature

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.

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Dated

Principal / Joint Account Holder Signature

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.

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Signature of Sales Agent

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Name & Signature of Immediate Supervisor

Dated

Dated

GENERAL INSTRUCTIONS

- 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, PHA 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@ablmc.com.

GUIDELINES

- Cash/third party instrument will not be accepted.
- Payment can be made in the form of cheque, online transfer, demand draft, pay order, RTGS etc.
- Please refer to the below section for the name, sales load and Account Payee Title. 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.
- Applications by foreign nationals and non-resident individuals shall be accepted subject to existing laws provided the subscription amount is paid by means of a remittance through banking channels or through means permitted by the State Bank of Pakistan (SBP)
- Front-end load (charges) and all taxes will be applicable on investment as per the constitutive documents of the Fund.
- 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.

11 COOLING OFF RIGHTS

- 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.
- The units held will be redeemed at the redemption price applicable on the date of submission of request (as per applicable cut off timings) and payment will be made within 6 Business days.

6	NAME OF COLLECTIVE INVESTMENT SCHEME	ACCOUNT PAYEE TITLE	NAME OF COLLECTIVE INVESTMENT SCHEME	ACCOUNT PAYEE TITLE	
-	ABL Cash Fund	CDC Trustee ABL Cash Fund	-	ABL Islamic Cash Fund	CDC Trustee ABL Islamic Cash Fund
-	ABL Money Market Fund (ABL Money Market Plan-I)	CDC Trustee ABL Money Market Fund (ABL Money Market Plan-I)	-	ABL Islamic Money Market Fund (ABL Islamic Money Market Plan-I)	CDC Trustee ABL Islamic Money Market Fund-(ABL Islamic Money Market Plan-I)
-	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 Islamic Income Fund	CDC Trustee ABL Islamic Income Fund
-	ABL Fixed Rate Fund (ABL Fixed Rate Plans)	CDC Trustee ABL Fixed Rate Fund (ABL Fixed Rate Plans)	-	ABL Islamic Financial Planning Fund (Conservative, Active & Aggressive Allocation)	MCBFSL Trustee ABL Islamic Financial Planning Fund (Conservative, Active & Aggressive Allocation Plan)
-	ABL Government Securities Fund	CDC Trustee ABL Government Securities Fund	-	ABL Islamic Stock Fund	MCBFSL Trustee ABL Islamic Stock Fund
-	ABL Income Fund	CDC Trustee ABL Income Fund	-	ABL Islamic Asset Allocation Fund	MCBFSL Trustee ABL Islamic Asset Allocation Fund
-	ABL Financial Sector Fund (ABL Financial Sector Plan-I)	CDC-Trustee ABL Financial Sector Fund- Plan-I	-	ABL Islamic Sovereign Fund (ABL Islamic Sovereign Plan – I)	CDC-Trustee ABL Islamic Sovereign 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			

13 DISTRIBUTOR / FACILITATOR INFORMATION (For Office Use Only)

ABL AMCL Sales Staff /Investment Faciliator Name /Distributor	Branch Code	ABL Branch's Staff Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorized Signature of ABL AMCL Sales Staff / Investment facilitator /Distributor (Rubber Stamp Incase of Distributor)	ABL Branch Stamp with two officers' signature	

14 FOR ABL AMC OFFICE USE ONLY

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

Get in Touch

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



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.

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 ٹرنجی کے نام پر کراس چیک، پی او آر یا آن لائن ٹرانزفر کی صورت میں ہی جائیگی۔