



AMZ Asset Management Limited
AMZ PLUS INCOME FUND
Investor's Account Opening Form - APIF - 01
(TO BE FILLED IN BLOCK LETTERS)

New
 Changes/Amendments

INFORMATION ABOUT PRINCIPAL ACCOUNT HOLDER										Date		
Name Mr./Mrs./Ms./M/s					CNIC No.					- - - - -		
Father's / Husband's Name					Zakat Deduction		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Declaration Attached			
Name of Guardian (For minor applicants)					Marital Status		<input type="checkbox"/> Single <input type="checkbox"/> Married		Signature of Guardian			
Address												
City			Postal Code			Country			Fax No.		E-mail	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Nationality			Date of Birth			Specimen Signature (With Rubber Stamp in case of Institutional Clients)				
FOR INDIVIDUAL CLIENTS (Occupation)												
<input type="checkbox"/> Professional		<input type="checkbox"/> Business		<input type="checkbox"/> Service - Public		<input type="checkbox"/> Service - Private						
<input type="checkbox"/> Agriculturist		<input type="checkbox"/> Housewife		<input type="checkbox"/> Student		<input type="checkbox"/> Retired		<input type="checkbox"/> Others				
FOR INSTITUTIONAL CLIENTS (Type of Organization)												
<input type="checkbox"/> Public Ltd. Company		<input type="checkbox"/> Private Ltd. Company		<input type="checkbox"/> NGO		<input type="checkbox"/> Provident Fund		<input type="checkbox"/> Gratuity Fund				
<input type="checkbox"/> NBFC		<input type="checkbox"/> DFI		<input type="checkbox"/> Insurance Company		<input type="checkbox"/> Pension Fund		<input type="checkbox"/> Others (Please Specify)				
Incorporation / Registration No.				NTN No.				or		Non-Resident		
BANK ACCOUNT DETAILS OF PRINCIPAL ACCOUNT HOLDER			Bank Name			Branch Name			Account No.			
Branch Address												
Request for Account Statement		<input type="checkbox"/> Account Statement of Units will be issued in registered, uncertified form and will be confirmed by means of an account statement issued by the Registrar										
Request for Physical Certificates		<input type="checkbox"/> Unit Certificate(s) will be issued only if required and on payment of Rs. 50 / certificate(s) may be combined with the payment of Unit(s). Unless indicated by the applicant, minimum number of Certificates will be issued.										
STATEMENTS		<input type="checkbox"/> Half Yearly		<input type="checkbox"/> Send more frequently at additional charge		<input type="checkbox"/> Monthly		<input type="checkbox"/> Quarterly)				
Dividend Option / Dividend Mandate		<input type="checkbox"/> Do not reinvest dividend and transfer to my bank account				<input type="checkbox"/> Please post me Dividend Warrants at my registered address.						
		<input type="checkbox"/> Reinvest dividend amount and convert into units at repurchase price of Ex-dividend										
JOINT HOLDERS DETAILS (if any)												
NAME			SIGNATURE			CNIC No.						
Mr./Mrs./Ms./M/s						- - - - -						
Mr./Mrs./Ms./M/s						- - - - -						
Mr./Mrs./Ms./M/s						- - - - -						
INSTRUCTIONS TO OPERATE THE ACCOUNT FOR INDIVIDUALS/ GROUP OF PERSONS / INSTITUTIONS / FUND AS PER THEIR BOARD RESOLUTION												
<input type="checkbox"/> Jointly		<input type="checkbox"/> Singly		<input type="checkbox"/> Either or Survivor		<input type="checkbox"/> Others (Please Specify)						
NOMINEE												
Mr./Mrs./Ms./M/s					Relation with Principal Account Holder							
Address:												
CNIC No.					Telephone No.							
OPTIONAL INFORMATION (Select one / whichever is applicable)												
Education			Monthly Income (Rs.)			Other Investments						
Basic	Graduate	Higher	over 10,000	Over 25,000	Over 50,000	Bank Deposits	Govt. Savings	Stock Market	Property	Other		
FOR REGISTRAR USE ONLY												
Date Account Opening Form Received			Account No. Issued to Client			Data input by			Data and Attachments verified by			
FOR OFFICIAL USE ONLY												
APPLICATION CHECKLIST												
<input type="checkbox"/> Copy of CNIC(s)		<input type="checkbox"/> Board Resolution (authorizing investment)				<input type="checkbox"/> Any Other Document (Specify)						
<input type="checkbox"/> Zakat Declaration (where applicable)		<input type="checkbox"/> Memorandum and Articles of Association/Bye Laws/Trust Deed				<input type="checkbox"/> Documentary evidence for tax exemption (if any)						
<input type="checkbox"/> Power of Attorney(s)		<input type="checkbox"/> Certificate of Incorporation/Registration										
Facilitator Code			Account Opening form No.			Distributor Name & Code			Account Opening Form Date			
Name of Authorized Person at Distribution Centre								Authorized Signature				
Remarks												

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Guidelines for Completing the Application for Account Opening

This Form is a one-time requirement for both Individual and Institutional Customers, and is required to be filled when the account is opened for the first time or if there are any changes in investors' particulars.

Please complete the application form in Block letters and write with a ball pen.

INFORMATION ABOUT PRINCIPAL ACCOUNT HOLDER:

- 1) Information about the Principal Account Holder is recorded under this section.
- 2) Please make sure that information i.e. name, address, telephone number provided in this section are correct.
- 3) In case of an Individual, if the client chooses "NO" for Zakat Deduction, the Zakat declaration would be required (in case of joint holder, declaration from all holders will be required).
- 4) In case of Institutional Clients, ensure that type of institution and Registration / Incorporation number and the NTN number is filled in under the "For Institutional Client" section. All non-resident companies need to tick in the box assigned for the purpose.

DETAILS OF BANK ACCOUNT OF PRINCIPAL HOLDER

- 5) Please make sure to provide correct details of bank account of Principal Account Holder. Any error in filling this information may cause delay in transfer of funds to the account holder.

DETAILS OF JOINT HOLDER(S) IF ANY

- 6) If there are any Joint Holders, their name(s) need to be specified along with their CNIC # and signature (Joint signatories for institution).
- 7) Please "Tick" how the account shall be operated.

DEATH OF UNIT HOLDER

- 8) In the case of AMZ ASSETS receiving notice of the demise of an investor, AMZ ASSETS shall not be obliged to allow the transfer of title, redemption or payout any dividends with-out the production of evidence of title or right to the units which AMZ ASSETS considers sufficient.

OPTIONAL INFORMATION

- 9) The account holder is encouraged to fill in the Optional Information. Knowledge about the customers would help us serve them more efficiently.

CHECK LIST

- 10) In case of Individual Client Attested copies of CNIC's*, Zakat Declaration (if exemption claimed) will be required.
- 11) In case of Institutional Client attested copies of;
 - a) CNIC's* (authorized officers)
 - b) Power of Attorney (s) (or any other document authorizing officer to operate the account)
 - c) Board Resolution (authorizing investment)
 - d) Memorandum and Articles of Association/Trust Deed/Bye Laws
 - e) Certificate of Incorporation/Registration

*Note; In the absence of CNIC, to better facilitate our clients, ATTESTED copies of the old NICs ALONG WITH proof of application (NADRA receipt) for the new CNICs, can also be accepted.

OTHER INSTRUCTIONS

- 12) Principal Account Holder must sign in the space meant for the purpose. Without signature of the Principal Account Holder, the officer at Distributor Office will not accept the form.
- 13) In case the account holder is illiterate and cannot sign, then he/she must be required to submit either a clear copy of CNIC with photo or one recent passport size photograph authenticated by his/her banker.
- 14) The account holder should either mark all empty spaces in the form "Void" or cross (X) them out
- 15) In case of an Application form being filled in by the guardian, on behalf of a minor(s), the name of the minor(s) as well as the guardian should be written clearly on the Form and the guardian's signature should be recorded.
- 16) Cash shall not be accepted.**
- 17) It shall be the responsibility of the applicant to pay all stamp and other duties, taxes and processing charges in relation to the units acquired by him/her.
- 18) If an acknowledgement of the investment is not received within 10 working days, the investor should contact AMZ Asset Management Limited.

If you have any questions or need additional information,
please call : **(92-21) 111-269-111**

or contact the **Management Company** at:
18th Floor, Saima Trade Towers, Tower "B"
I.I. Chundrigar Road,
Karachi - 74000, Pakistan