



**AMZ Asset Management Limited**  
**AMZ PLUS INCOME FUND**  
**Investment Application Form - APIF - 02**  
 (TO BE FILLED IN BLOCK LETTERS)

<b>INFORMATION ABOUT PRINCIPAL ACCOUNT HOLDER</b>		Date	
Account No.			
Name (Mr./ Mrs./ Ms./ M/s)			
<b>INVESTMENT DETAILS</b>			
Amount (Rs.)		In words:	
Mode of Payment	<input type="checkbox"/> Cheque	<input type="checkbox"/> Pay-order	<input type="checkbox"/> Demand Draft
Drawn on: (Bank Name & Address)		No. _____	
<b>Note:</b> Cheque/Pay-order/Demand Draft to be made in favor of "CDC - Trustee AMZ Plus Income Fund" and crossed "Payee Account Only"			
<b>DECLARATION</b>			
I/We hereby confirm having read and understood the relevant Trust Deed, Offering Documents that govern this transaction and further acknowledge understanding of the risk involved.			
_____ Signature of Applicant/ Joint Applicant(s) (with rubber stamp in case of Institutional Investors)			
<b>FOR OFFICIAL USE ONLY</b>			
<input type="checkbox"/> Cheque/ Payorder/ Demand Draft	<input type="checkbox"/> Power of Attorney (or any other document authorizing officer to operate the account)		
<input type="checkbox"/> Board Resolution authorizing investment (required with fresh investment)	<input type="checkbox"/> Any other documents (please specify)		
<input type="checkbox"/> Copy of CNIC(s) of Authorized officers			
(* Not required if provided with Account Opening Form and there is no change in the existing Authorized Signatories)			
<b>FACILITATOR INFORMATION</b>			
Facilitator Name	Facilitator Code	Remarks/Instructions from facilitator	Signature of Facilitator
<b>FOR REGISTRAR USE ONLY</b>			
Application Received On	Data Input By	Data and Attachments Verified By	Certificate # (if issued)
			Funds Received On (Date)
			Rate/Unit (Rs.)
			Number of Units Allotted
<b>DISTRIBUTOR INFORMATION</b>			
Distributor Name	Distributor Code	Investment Form No.	Transaction Date
Name of Authorized Person at Distribution Center			Authorized Signature
Remarks			

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**Guidelines for Completing the Investment Application Form**

This Form is common for both Individual and Institutional Customers, and is designed to make investments in AMZ Plus Income Fund

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 and registration number (if issued) provided in this section are correct.

**INVESTMENT DETAILS**

- 3) **Cash shall not be accepted.**
- 4) Payments in the form of cheques/draft/payorder should be made in favor "**CDC - Trustee AMZ PLUS INCOME FUND**" and crossed "**Payee Account Only**".
- 5) If the cheque is returned unpaid, the application will be rejected.
- 6) The Account Statement will be dispatched at the Registered Address of the Principal Account Holder within 10 days of submission of properly documented Application Form.
- 7) If acknowledgment of investment is not received within 10 working days the investor should contact AMZ Asset Management Limited.

**OTHER INSTRUCTIONS**

- 8) Principal Account Holder must sign in the space meant for the purpose.
- 9) Without signature of the Principal Account Holder, the officer at Distributor Office will not accept the form.
- 10) 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.
- 11) The account holder should either mark all empty spaces in the form "Void" or cross (X) them out.
- 12) 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.
- 13) 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.
- 14) For change in the Unit Holder's Register, such as address, unit holders may please complete Form 01, as applicable.

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

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