

**General Instructions**

1. Fill the form in block letters. Please do not overwrite as it might lead to errors in processing your application.
2. All fields are mandatory except for Official Use only.
3. Please tick in the appropriate box where applicable, otherwise mark N/A (Not Applicable).
4. It is the responsibility of the applicant to understand the general instructions, terms and conditions and risk disclosure mentioned in this form.
5. All cheques should be made in favor of "CDC Trustee HBL (Name of fund)"
6. Please submit complete documents including list of all directors on company letterhead, CNIC(s), Latest Audited Financial Statements, Memorandum and Articles of Association and Board Resolution along with this form.
7. Redemption proceeds will be made to the bank account as specified on this form only.
8. If assistance is required in filling this form, please contact (021) 111-425-262.

HBL	<input type="text"/>	FUND	<input type="text"/>	Date	<input type="text"/>
CLASS	<input type="text"/>	UNITS	<input type="text"/>	Folio Number	<input type="text"/>

**Personal Information**

Name of Entity	<input type="text"/>	Contact Person	<input type="text"/>	Designation	<input type="text"/>
NTN No.	<input type="text"/>	Zakat Deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If 'No' please attach affidavit)	
Registered Office Address	<input type="text"/>				
Tel. (Res)	<input type="text"/>	Tel. (Off)	<input type="text"/>	Fax	<input type="text"/>
Email(s)	<input type="text"/>			Mobile	<input type="text"/>

**Bank Details**

Bank Name	<input type="text"/>	Account number	<input type="text"/>
Branch Name & Address	<input type="text"/>	City	<input type="text"/>

**Investment Details**

Amount (Rs.)	<input type="text"/>	Cheque/D.D/P.O No.	<input type="text"/>
Amount in words	<input type="text"/>		

TYPE	<input type="text"/>	UNITS	<input type="text"/>	Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly
<input type="checkbox"/>	To be deposited in Bank			Account number	<input type="text"/>
<input type="checkbox"/>	To be paid by cheque or Demand Draft and sent to the registered address				
<small>(for Income Units please opt the payment frequency)</small>					

**Cash Dividend Payment**

<input type="checkbox"/>	To be reinvested for purchase of additional Units		
<input type="checkbox"/>	To be deposited in Bank		
<input type="checkbox"/>	To be paid by cheque and sent to the registered address		
		Account number	<input type="text"/>

**Bonus Units**

<input type="checkbox"/>	Credited to account / folio OR	<input type="checkbox"/>	Deposit in bank account below	<input type="checkbox"/>	Cheque sent to registered address
<input type="checkbox"/>	Encashed at ex-bonus price	Bank Name and Branch	<input type="text"/>	Account No.	<input type="text"/>

**Operational Instructions**

To be signed by:

<input type="checkbox"/>	Single Signatory	<input type="checkbox"/>	All authorised signatories	<input type="checkbox"/>	Jointly (Any Two)	<input type="checkbox"/>	Others (Please specify)	<input type="text"/>
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**HBL Asset Management Limited**

24-C, Khayaban-e-Hafiz, Phase VI, D.H.A Karachi  
 UAN: (021)111-425-262 Fax: (92-21) 35240634

### Know Your Customer (KYC) [Not applicable for investors who have already invested in our funds]

This section is meant and adopted to establish the identity of the client by using reliable, independent source of documents, data and information, under SECP Circular No.12 of 2009.

Customer Type  Trust/Clubs/Associations/Societies/NGOs  Government Organisation  
 Joint Stock Company (Public, Private)  District Government/Local Government Organisations  
 Partnership (Registered/Unregistered)  Foreign Missions/International  
 Others (Please specify)

Nature of Business  Import/Export  Manufacturing  Agriculture  Trading  Other

Name of Directors/Trustee/Partners

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### Customer Care

Delivering Account Statements  By Post  By Email  Not required  
Frequency of Account Statements  Monthly  Quarterly  
Subscription to NAV Alerts  By Email  By SMS  
Frequency of NAV Alerts  Daily  Alternate Days  Weekly  
Subscription to FMR Service  By Post  By Email  Not required  
Subscription to view Online Account Statement  Yes  No (If yes) Email   
Financial Statements  Email  Hardcopy/Printed

### Declaration and Signature

We request you to open our account in HBL Asset Management as per the given details. We hereby acknowledge having read and understood the relevant Trust Deed, Offering Document and Associated Risks. We confirm that the information furnished by us herein, is true, correct and complete in all respects.

Signature of Applicant  
Official Stamp (in case of Institutional Clients)

### Authorised Signatories

Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>

### For Official Use Only

HBL  Fund  Units at  NAV purchased on   
 Form duly completed  Relevant copies and documents attached Distributor Name   
Distributor Code  Purchase ID.  User ID.   
Application Processed by  IT Updated on  Signature & Stamp

### Provisional Receipt

Received Rs.  from  for sale of  Units of   
Name of Bank  Branch   
Date  Signature & Stamp   
Units will be issued based on the NAV on the day the payment is realized

Thank you for placing your investment with us. We look forward to serve you.