

HBL

ASSET MANAGEMENT LTD.

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Account Opening Form (For Individuals Only)

General Instructions

1. Please fill the form in block letters and clear hand writing. 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 in this form.
5. All cheques should be made in favor of CDC Trustee HBL (Name of fund).
6. Redemption proceeds will be made to the bank or in bank accounts as updated by investor through service request form.
7. Kindly fill the form yourself or get it filled in your presence. Do not sign or submit blank form.
8. WE DO NOT ACCEPT CASH.

Date

Folio Number

For Official Use Only - HBL AML

Personal Information - Principal Applicant

First Name Middle Name Last Name

Account Title (as per CNIC)

Preferred Title Mr. Mrs. Ms. Dr. Other Mother's Maiden Name for verification purpose

Father/Husband Name Date of Birth DDMMYYYY Nationality

Town or City of Birth Country of Birth

CNIC / NICOP No. CNIC / NICOP Expiry DDMMYYYY

Passport No. (For Foreign Nationals Only) Zakat Deduction Yes No (If 'No' please attach affidavit)

Mailing Address

City Country Postal code

Current Residence Address

City Country Postal code

Tel. (Res) Tel. (Off) Fax

*Email(s) (IN BLOCK LETTER) *Mobile

*Please ensure email address and mobile number is correct and active because it will be used to contact you or to facilitate you to access your account information through online portal or transmit financial statements of respective funds

Incase Principal Applicant is Minor

Name of Guardian Relation with minor

CNIC / NICOP No. CNIC / NICOP Expiry DDMMYYYY

Bank Account Details

Bank Name Account number

Branch Name & Address City

Other Instructions / Information

Frequency of Account Statement Monthly Quarterly Annually* Do not send *Default Option

Dividend pay-out instruction: (Please tick one)* Cash Reinvestment (Net of applicable taxes) *In case no option is selected, reinvestment is considered as default option

Account Operating Instruction Principal Applicant/Self Either or Survivor Joint (All) Joint (Any Two)

Guardian Other Instructions (Attached)

Nominee(s) - (not applicable in case of joint account)

Name Relationship Share %

CNIC / NICOP No. CNIC / NICOP Expiry DDMMYYYY

Name Relationship Share %

CNIC / NICOP No. CNIC / NICOP Expiry DDMMYYYY

Know Your Customer (KYC)

This section is meant and adopted to establish the identity of the client by using reliable, independent source of documents, data and information, as per SECP Circular No.12 of 2009, AML laws and other regulatory requirements.

Residential Status Resident Non-Resident Foreign National

Occupation Govt. Employee Businessman Private Service Housewife Student Retired Professional

others (please specify) _____

Designation Department

Organisation/Employer

Total Working Experience (Years) - For Salaried Individuals

Age of Business in Years - For Business Individuals

Personal Information - Joint Applicant Three

Name	<input type="text"/>	Relation with primary applicant	<input type="text"/>	
Current Address	<input type="text"/>			
Mailing Address	<input type="text"/>			
Town or City of Birth	<input type="text"/>	Country of Birth	<input type="text"/>	
CNIC No./NICOP	<input type="text"/>	CNIC No./NICOP Expiry	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	
Tel. (Res)	<input type="text"/>	Tel. (Off)	<input type="text"/>	
		Fax	<input type="text"/>	
Email(s) (IN BLOCK LETTER)	<input type="text"/>		Mobile	<input type="text"/>
Residential Status	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident	<input type="checkbox"/> Foreign National	
Profession	<input type="checkbox"/> Govt. Employee	<input type="checkbox"/> Businessman	<input type="checkbox"/> Private Service	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Retired		
	<input type="checkbox"/> Professional (please specify)	<input type="text"/>		
Designation	<input type="text"/>	Department	<input type="text"/>	
Organisation/Employer	<input type="text"/>			
Public Figure	<input type="checkbox"/> No	<input type="checkbox"/> Yes (includes Senior Government Officials, Senior Office Bearers of Public Sector Entities, Politicians)		
Source of Funds	<input type="checkbox"/> Salary	<input type="checkbox"/> Self-Owned/Family Business (Please specify)	<input type="checkbox"/> Home Remittance	
	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Stock/Investments	<input type="checkbox"/> Other (Please Specify)	
		Has any Financial Institution ever refused to open your account?	<input type="checkbox"/> No	Yes(specify) <input type="text"/>
		Do you deal high value items such as precious metal and real estate?	<input type="checkbox"/> No	Yes(specify) <input type="text"/>

Risk Profiling Questionnaire

Please answer the following questions as candidly as you can. Your answers will help us determine the most suitable products for you.
(Please select only ONE option for each question)

1) Please mention the age bracket you fall in:

- a Above 61 years b 55 - 60 years c 40 - 54 years d 25 - 39 years e Less than 25 years

2) I plan to keep my investment for:

- a Less than a year b 1 - 3 years c 3 - 5 years d 5 - 10 years e More than 10 years

3) I have enough savings to support my lifestyle for:

- a Up to 3 months b Up to 6 months c Up to 1 year d 1 - 3 years e Over 3 years

4) I would like my financial goals to be attained in:

- a Less than a year b 1 - 3 years c 3 - 5 years d 5 - 10 years e

5) I can relate myself best to the following statement:

- a I cannot bear any capital loss.
 b I will redeem my entire investment amount if I incur 5% loss.
 c I will wait for my investment to appreciate if I incur 10% loss.
 d I have other sources of income to maintain my lifestyle
 e I will invest on long term basis and will make additional investments when the price falls.

6) For further investment I intend to take:

- a No risk
 b Slight risk with reasonable return and principal protection
 c Moderate risk with higher than average return
 d Moderate to high risk for potential greater returns
 e High risk for superior returns

7) If I incur substantial initial loss I would:

- a Redeem my investment
- b Switch to safer and secure investment option
- c Hold my investment and decide later
- d Observe economic situation and market outlook
- e Continue with my investment plan

8) I usually invest/keep my money in:

- a Current Account
- b PLS/Savings/TDR's
- c Fixed Income Mutual Fund/National Savings Schemes/Prize Bond
- d Stock/Share/Equity based mutual fund
- e Real Estate

SCORING a= -2 b= -1 c= 0 d= 1 e= 2

Questions	1	2	3	4	5	6	7	8	Total
Score									

Recommended Strategy

Options	Score	Risk Level	Fund Type
A	(-20 to -6)	Low	Money Market Fund or Income Fund (Conventional / Islamic)
B	(-5 to 6)	Medium	Balanced Fund or Asset Allocation (Conventional / Islamic)
C	(7 to 20)	High	Equity / Stock Fund (Conventional / Islamic)

Consent:

I understand and agree disagree with the strategies proposed by the HBL AML advisor to achieve my investment goals. Further, I will notify the adviser of any changes in my information, risk tolerance, goals or investments.

I further declare that my financial needs may change over time and I shall be solely responsible for all my current and future investment, conversion and transfer transactions if these transactions are not in accordance with my above mentioned risk profiling results.

FATCA Checklist

For Individual & Joint Account Holders (Please write clearly using BLOCK LETTERS)

*If any of the below is selected as "YES" then kindly provide country specific supporting documents with details

S#	Particulars	Primary Applicant	Joint Applicant 1	Joint Applicant 2	Joint Applicant 3
1	Full Name First Middle Last	<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"/>
2	Country of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Do you have Multiple Nationalities/Passports?	<input type="checkbox"/> Yes <input type="checkbox"/> No Nat 1: <input type="text"/> Nat 2: <input type="text"/> Nat 3: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Nat 1: <input type="text"/> Nat 2: <input type="text"/> Nat 3: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Nat 1: <input type="text"/> Nat 2: <input type="text"/> Nat 3: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Nat 1: <input type="text"/> Nat 2: <input type="text"/> Nat 3: <input type="text"/>
4	Do you currently hold US green card or US permanent Residency?	<input type="checkbox"/> Yes <input type="checkbox"/> No Card# <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Card# <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Card# <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Card# <input type="text"/>
5	Are you a Tax Resident in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Overseas/Care-of mailing address & Phone No	<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"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7	Have you renounced your foreign citizenship or residency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Have you given Power of Attorney to any Person residing overseas? Please provide Attorney's Address:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9	Have you given any standing instruction to transfer funds to an account in US?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	W8BEN /W9 Forms submitted with date of Submission.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>

- a. If you are a US National or hold a Green Card, please submit W9 Form in original.
- b. If you are not a US resident and were born in the US but have renounced your citizenship, please provide W-8BEN Form in original.
- c. For Entities please submit W-8BEN-E Form in original
- d. If you have stayed in US for more than 183 days in a US tax year, please submit W9 Form in original

"Note: S.No. 5 & 6 apply if customer holds a DualNationality or a permanent Residence card.

Declaration

I /We hereby confirm that all information provided in this form is correct to the best of my knowledge and the documents submitted along with this application are genuine. I / We also confirm having read and understood the Trust Deeds and Offering Documents that govern the transactions and in particular the risks disclosures. I confirm that I /We have understood the details of Sales Load to be deducted including taxes thereon as well as the advice given in the Risk Profile section.

I /We hereby permit HBL AML, subject to applicable local laws, to share my information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in any jurisdiction. Where required by domestic or overseas regulators or tax authorities, I / We further agree that HBL AML may withhold from my account(s) such amount as may be required according to applicable laws, regulation and directives. I / We will indemnify and hold harmless HBL AML from any loss, action, cost, expense (including, but not limited to sums paid in settlement of claims, reasonable attorneys' and consultant fees, and expert fees), claim, damages, or liability which arises or is incurred by HBL AML in discharging its obligations under FATCA/CRS as a result of disclosures to external tax authorities.

I undertake to notify HBL AML within 30 calendar days if there is a change in any information which I have provided to HBL AML. I /We understand and accept that HBL AML reserves the right to close or suspend my account, without prior notice, if required document/information is not submitted within a stipulated time.

Applicant's Signature as per CNIC

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Applicant's Signature to operate this account

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Primary Applicant

Joint Applicant One

Joint Applicant Two

Joint Applicant Three

Capacity

- a. If you are not the Account Holder. Please indicate the CAPACITY for signing the form
- b. In case signing under the CAPACITY of Power of Attorney. Please obtain the certified copy of Power of Attorney

Applicant's thumb impression is required in case the applicant is unable to sign or has a shaky signature. A latest photograph must also be submitted.

Photograph	Photograph	Photograph
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Branch Manager/Investment Advisor
Attestation

Witnesses

Name 1	<input style="width: 80%;" type="text"/>
CNIC	<input style="width: 80%;" type="text"/>
Signature	<input style="width: 80%;" type="text"/>
Name 2	<input style="width: 80%;" type="text"/>
CNIC	<input style="width: 80%;" type="text"/>
Signature	<input style="width: 80%;" type="text"/>

DOCUMENT CHECKLIST (PLEASE TICK THE BOX)

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

- Copy of valid CNIC/Passport of the Principal Account Holder
- Copy of valid CNIC/Passport of the Joint Holder(s) / Guardian / Nominee(s) /ultimate beneficiary (if any)
- Zakat Affidavit (in case of Zakat Exemption)
- Child Registration Certificate - (Form-B) (in case of minor only)
- IRS Form W9 (if investor is US National or a Green Card holder)/ IRS Form W8-BEN incase of US Indicia Observed
- Business/Employment Proof (Employer Certificate or Salary Slip or Employment Card or Business Letterhead or Pension book / employer letter in case of Retried or any other document justifying occupation and source of funds of the investor)

For Official Use Only

US person Non-US person Recalcitrant

FATCA Status Low Risk Customer High Risk Customer

Customer Risk Classification

<input type="checkbox"/> Form duly completed	<input type="checkbox"/> Relevant copies and documents attached	User ID <input style="width: 80%;" type="text"/>	Signature & Stamp <input style="width: 80%;" type="text"/>
Distributor / Agent Code <input style="width: 80%;" type="text"/>	Distributor / Agent Name <input style="width: 80%;" type="text"/>	For Distributor Mandatory	
Application Processed by <input style="width: 80%;" type="text"/>	IT Update on <input style="width: 80%;" type="text"/>	Transaction ID <input style="width: 80%;" type="text"/>	

Please read these instructions before completing the form

Under the CRS, you are required to determine where you are 'tax resident'. Each jurisdiction has its own rules for defining tax residency. In general, you will find that tax residency is the country/jurisdiction in which you live however this may not always be the case. Special circumstances may cause you to be resident elsewhere or resident in more than one country/jurisdiction at the same time (dual residency). If you are tax resident outside the country where your account is held we may need to give the national tax authority this information, along with information relating to your accounts. That your information may also be shared between different countries' tax authorities.

Who should complete this form?

This form is applicable for individual account holder, sole proprietor & Single Member Private Limited. For joint or multiple account holders, each individual is required to complete this form.

Where you need to self-certify on behalf of an entity account holder, do not use this form. Instead, you will need to fill the "Entity CRS Self Certification form." Similarly, if you are a controlling person of an entity, please fill in the "CRS Self Certification form - Controlling person" instead of this form.

Further Information

If you have any questions on defining your tax residency status, please consult your external adviser(s).

You can also find out more information on Common Reporting Standard on the website of Federal Board of Revenue, accessible at the following link: <http://www.fbr.gov.pk>

You can find summaries of defined terms, and other terms, in the Appendix available with branch.

Disclaimer: Nothing in this form shall be construed to mean provision of any legal or tax advice by HBL AML.

CNIC/PP/NICOP/PO /SNIC/ARC

Do you hold tax residency of any country / jurisdiction other than Pakistan and/or United States? Yes No

Authorised Signature

In case of Yes, you are required to complete this form.
 In case of No, you are no longer required to complete this form.

Part 1 – Identification of Accountholder

A. Name of Accountholder *
 Family Name or Surname(s) *
 Title

First or Given Name *
 Middle Name(s)

B. Current Residential Address
 House / Apartment / Suite Name, Number, Street
 Town / City / Province / County / State *
 Country *
 Postal Code / Zip Code (if any) P.O. Box (if any)

C. Mailing Address *(please only complete if different to the address shown in Section B)*
 House / Apartment / Suite Name, Number, Street
 Town / City / Province / County / State
 Country
 Postal Code / Zip Code (if any) P.O. Box (if any)

D. Date of Birth *

E. Place of Birth *

Town or City of Birth

Country of Birth

Part 2 – Country of Tax Residence and Taxpayer Identification Number (TIN) *

Please fill-in the country(ies) details below.

	Name of Country of Tax Residence	Tax Identification Number (TIN)	If no TIN is available mention 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"/>

Note: Additional Country(ies) of Tax Residency (if any) to be listed in a separate sheet of paper. If your Taxpayer Identification Number (TIN) or equivalent number is unavailable, please provide the appropriate reason A, B or C where indicated below.

- Reason A The country where the Account Holder is resident does not issue TINs to its residents
- Reason B The Account Holder is otherwise unable to obtain a TIN (please explain why Account Holder is unable to obtain a TIN in the below table if you have selected this reason)
- Reason C No TIN is required (note: only select this reason if the authorities of the country of residence for tax purposes entered above do not require the TIN to be disclosed)

Please explain in the following relevant number box, why you are unable to obtain a TIN if you mentioned "Reason B" above.

-
-
-

Part 3 – Declaration and Signature *

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with HBL AML setting out how HBL AML may use and share this information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided either directly or indirectly to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

I hereby declare and confirm that all information provided in this Self Certification Form is to the best of my/our knowledge and belief, correct, I certify that I am the Account Holder (or I am authorised to sign for the Account Holder) in respect of all the account(s) to which this form relates.

accurate and complete in all respects.

I/We hereby indemnify and hold HBL AML and its directors, officers, representatives and employees harmless from all costs, expenses, losses, damages, liability, penalties incurred, suffered and/or imposed on HBL AML 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.

In case of change in any information provided through this form, I undertake to immediately notify HBL AML of the same and provide an updated Self-Certification Form to HBL AML within thirty (30) days.

Name

Signature

Date

Note: If you are not the account holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity *

General Instructions

1. WE DO NOT ACCEPT CASH OR BLANK/BEARER CHEQUE.
2. Investors are advised to make cheques in favor of CDC Trustee HBL (Name of Fund) only.
3. All fields are mandatory

Date

Folio Number

(for existing investor)

Account Title

CNIC No

This Investment

HBL Fund name	Amount (Rs)	Amount in words	Class or Type of Units
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> *Growth <input type="checkbox"/> Income
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> *Growth <input type="checkbox"/> Income
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> *Growth <input type="checkbox"/> Income

Income Units: (Please tick one) This option is available for Income and Money Market Funds only and is subject to minimum balance requirement

- *Flexible Income Plan: Income based on performance of the fund.
- Fixed Income Plan: Income based on requirements 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).

Payment Frequency: (Please tick one) *Monthly Quarterly Semi-Annually Annually *Default Option

By choosing income unit I/We hereby authorize HBL AML to redeem my units to pay my income at regular intervals based on the above instructions.

Instrument Details

Bank Name Account number

Branch Name City

Cheque/Online/P.O.No.

Please tick the appropriate box or mention percentage (%) - The following funds have front end load.

Fund Name	HBL Islamic Stock Fund	HBL Income Fund	HBL Multi Asset Fund	HBL Stock Fund	HBL Islamic Asset Allocation Fund	HBL Cash Fund (F: PICIC CF)	HBL Government Securities Fund (F: PICIC IF)	HBL Islamic Income Fund (F: PICIC IIF)	HBL Equity Fund (F: PICIC SF)	HBL Islamic Equity Fund (F: PICIC ISF)	HBL Energy Fund (F: PICIC EF)	HBL Islamic Financial Planning Fund	HBL Financial Planning Fund
Sales Load*	2%	1.5%	2%	2.5%	2%	1%	2%	1.5%	2%	2%	2%	2%	2%

* all taxes as levied under Government Regulations will also be applicable.

Declaration & Signature

I/We, the undersigned, would like to purchase the units of the investment scheme as per the details mentioned above. I/We have read and understood the relevant Trust Deeds, Offering Documents (including any supplemental documents) and understand the associated risks. I have also received and reviewed Fund Manager Report and / or basic fund information as applicable in respect of related investment scheme(s). I understand that I can take refund of my first investment (cooling-off right*) within six working days in any collective investment scheme (CIS) managed by HBL AML on applicable NAV along with charged Front-end Load, if I send a written request within three (3) business days from Account Statement issuance date. I/we confirm that I/we have understood the details of Sales Load to be deducted including taxes, as % of NAV.

*Kindly note this Cooling Off Right is only available to Individual Investors after deduction of any Back-end Load or Contingent Load.

Were you facilitated by our investment advisor/distributor? Yes No

Authorised Signatory Authorised Signatory Authorised Signatory Authorised Signatory

For Official Use Only

Form duly completed Relevant copies and documents attached

Distributor / Agent Code Distributor / Agent Name Signature & Stamp

Application Processed by IT Update on Transaction ID

Applicable NAV date

For Distributor Mandatory

Provisional Receipt

Received Rs. from for sale of

Name of Bank Branch

Date Signature & Stamp

Units will be allocated on realization of funds

GUIDELINES

1. Please complete the Investment Request Form in BLOCK LETTERS and write with a ball pen.
2. This form is required at the time of purchasing units of the respective fund(s).
3. Subject to realization of payment instrument; units will be allocated on the basis of applicable Net Asset Value (NAV) for the business day on which correctly filled Investment Form has been received (within cutoff times) at Distributor Offices or Authorized Branches or at Head Office of HBL AML.
4. Upon completion and submission of this form you will be provided a customer's copy duly signed and stamped by the authorized representative.
5. It shall be the responsibility of the applicant to pay all stamp & other duties, taxes and processing charges (if applicable) upon submission of this form.
6. If investment form is received by HBL AML and / or its distributor after the cut off time, that transaction will be processed on the next working day and HBL AML will not be responsible for any loss consequent to processing of investment form on the next working day.
7. If cheque is returned unpaid the application will be rejected.
8. Investor should contact HBL AML if acknowledgment of investment is not received within 7 working days from investment date.

Account Holder Information

9. In case of existing Unit Holders please specify the Investor ID No. as allotted at the time of account creation.

Investment & Payment Detail

10. All Investment amount to be accepted only in PKR currency
11. Investor must properly tick mark the option for Type of Units in the form.
12. Minimum Investment
13. Payment shall be made through, payee account cheque, pay order, demand draft in favor of "CDC - Trustee [HBL (Name of Fund)]".

Units - Mode of Holding

14. For issuance of Physical Unit Certificate(s), please fill the Service Request Form and enclose it along with investment Form. Please note that Physical Unit Certificate(s) shall be used upon payment of Rs.100/- per certificate. Unless indicated by the applicant only Jumbo Certificate shall be issued.

HBL

ASSET MANAGEMENT LTD.

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