

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		FUND	Date	
CLASS		UNITS	Folio Number	

Personal Information

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

Bank Details

Bank Name		Account number	
Branch Name & Address		City	

Investment Details

Amount (Rs.)		Cheque/D.D/P.O No.	
Amount in words			

TYPE		UNITS		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="checkbox"/>	To be paid by cheque or Demand Draft and sent to the registered address				
	(for Income Units please opt the payment frequency)				

Cash Dividend Payment

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

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		Account No.	

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)	
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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.