

ACCOUNT OPENING & PURCHASE OF UNITS FORM

(FOR INDIVIDUALS & INSTITUTIONS)

FOR EXISTING INVESTORS ONLY

 DATE - -

 REGISTRATION NO.*
INFORMATION ABOUT THE PRINCIPAL ACCOUNT HOLDER (FILL IN BLOCK LETTERS)

NAME (MR./MRS./MS./MESSERS):

FATHER'S / HUSBAND'S NAME:

REGISTERED ADDRESS:



		CITY	COUNTRY	NATIONALITY
PHONE No. (OFF)	MOBILE No.	RES. No.	FAX No.	OCCUPATION
STATUS: <input type="checkbox"/> RESIDENT <input type="checkbox"/> NON RESIDENT	E-MAIL	TAX EXEMPTION: YES <input type="checkbox"/> NO <input type="checkbox"/>	(IF YES PLEASE PROVIDE CERTIFICATE)	
CNIC / PASSPORT No.**		ZAKAT EXEMPTION: YES <input type="checkbox"/> NO <input type="checkbox"/>	(IF YES PLEASE PROVIDE AFFIDAVIT)	
NAME OF GUARDIAN (FOR MINOR APPLICANT)				
RELATION WITH MINOR			DATE OF BIRTH <input type="text"/> - <input type="text"/> - <input type="text"/>	

FOR INSTITUTIONS OR CORPORATES ONLY

NTN No. / Co. REG. No.	CONTACT PERSON:
TYPE OF INSTITUTION / CATEGORY <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> NBFC/DFI <input type="checkbox"/> COMMERCIAL BANK <input type="checkbox"/> CLUB/SOCIETY/TRUST <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PF/GF/PENSION <input type="checkbox"/> COMPANY (PUBLIC/PVT.) <input type="checkbox"/> OTHERS (SPECIFY) _____	

JOINT HOLDERS (IF ANY)-NOT APPLICABLE IN CASE OF NOMINEE(S)
INFORMATION ABOUT NOMINEE (S)* (IF ANY)**

1. NAME:	1. NAME:
CNIC / PASSPORT No.**	CNIC / PASSPORT No.**
2. NAME:	SHARE (%)
CNIC / PASSPORT No.**	RELATIONSHIP
3. NAME:	2. NAME:
CNIC / PASSPORT No.**	CNIC / PASSPORT No.**
	SHARE (%)
	RELATIONSHIP

BANK DETAILS (FOR REDEMPTION / DIVIDEND MANDATE)

TITLE OF ACCOUNT:	
ACCOUNT No.:	BANK NAME:
BRANCH NAME & ADDRESS:	

INSTRUCTIONS TO OPERATE THE ACCOUNT & REDEMPTION OF UNITS
 ANY ONE JOINTLY BY ANY TWO JOINTLY BY ANY THREE JOINTLY BY ALL SIGNATORIES

REQUIREMENT OF DIVIDEND DISTRIBUTION
MODE OF PAYMENT (FOR REDEMPTION / DIVIDEND MANDATE)
 RE-INVESTMENT OF DIVIDENDS ENCASHMENT OF BONUS UNITS CHEQUE PO / DD BANK TRANSFER (FOR BANK ALFALAH A/C.HOLDERS ONLY)

DETAILS OF THE INVESTMENT (PAYMENT SHALL BE MADE IN FAVOUR OF "CDC-TRUSTEE ALFALAH GHP ISLAMIC FUND")

Rs.	RUPEES IN WORDS:
MODE OF PAYMENT:	CHEQUE / DD / PO / BANK TRANSFER No. DATED:
DRAWN ON BANK / BRANCH:	

 ACCOUNT STATEMENT (UNITS BY DEFAULT WILL BE ISSUED IN REGISTERED UNCERTIFIED FORMS)

NATURE OF UNITS
 PHYSICAL CERTIFICATE (UNITS WILL BE ISSUED ONLY IF REQUESTED AND ON PAYMENT OF RS. 50/- PER CERTIFICATE)

 CDC (UNITS WILL BE DEPOSITED INTO THE CDC ACCOUNT)

PARTICIPANT ID SUB ACCOUNT HOUSE ACCOUNT IAS ACCOUNT

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(FORM AGIF - 01)

ALFALAH GHP INVESTMENT MANAGEMENT LTD.
 (A subsidiary of Bank Alfalah Limited)

 12th Floor, Tower A, Saima Trade Towers, I.I. Chundrigar Road, Karachi- 74000, Pakistan.
 PABX: (92-21) 9217600-02 Fax: (92-21) 9217635 UAN: 111-090-090
 Email: info@alfalahgdp.com Website: www.alfalahgdp.com

UNIT HOLDER MUST OBTAIN PROVISIONAL RECEIPT BEFORE LEAVING.

DECLARATION & AUTHORIZATION

I / WE HEREBY ACKNOWLEDGE OF HAVING READ AND UNDERSTOOD THE RELEVANT TRUST DEED AND OFFERING DOCUMENT THAT GOVERN THIS TRANSACTION AND FURTHER ACKNOWLEDGE UNDERSTANDING OF THE RISKS INVOLVED.

NOTE: INSTITUTIONAL CLIENT PLEASE AFFIX COMPANY STAMP.

NAME(S): (1) _____ (2) _____ (3) _____ (4) _____

AUTHORIZED SIGNATURE(S) (1) _____ (2) _____ (3) _____ (4) _____

TO BE FILLED IN BY THE APPLICANT'S BANKER IN CASE THE APPLICANT IS UNABLE TO SIGN THE FORM

I, _____ MANAGER OF _____
(THE "BANK") CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE DECLARATION OF OR ON BEHALF OF THE APPLICANT GIVEN IN THIS FORM IS CORRECT.

MANAGER'S SIGNATURE / BANK STAMP

FOR OFFICIAL USE ONLY**FOR DISTRIBUTOR / SALES REPRESENTATIVE USE**

AUTHORIZED SIGNATURE

DISTRIBUTOR CODE	FORM RECEIVED ON	DATA & ATTACHMENTS VERIFIED
		<input type="checkbox"/> Yes <input type="checkbox"/> No

FOR FACILITATOR USE

AUTHORIZED SIGNATURE

FACILITATOR CODE	FORM RECEIVED ON	REMARKS / INSTRUCTIONS

FOR REGISTRAR USE

AUTHORIZED SIGNATURE

FORM RECEIVED ON	DATA INPUT DATE	DATA & ATTACHMENTS VERIFIED
		<input type="checkbox"/> Yes <input type="checkbox"/> No

REMARKS

* Registration No. will be system generated.

** Please attach copy of Computerized National Identity Card (CNIC) / Passport. Pakistani National are required to submit copy of CNIC whereas Foreign Nationals are required to submit a copy of Passport duly certified.

*** Subject to the requirement of obtaining succession / death certificate, as applicable, at the discretion of the Management Company.

Note :

- The unit holder should either mark all empty spaces in the form "Void" or cross (X) out.
- All correspondences will be addressed to Authorised Signatory (1) only.
- Copy of Memorandum & Articles of Association or Certificate of Incorporation by whatever name called, should ideally be certified by the pertinent government agency in the country of incorporation.

APPLICATION CHECKLIST**FOR INDIVIDUALS CLIENTS:**

- COPY OF CNIC(S) / PASSPORT ZAKAT AFFIDAVIT(S)

FOR INSTITUTIONS CLIENTS:

- COPY OF CNIC(S) OF SIGNATORIES MEMBERSHIP CERTIFICATE IN CASE OF SOLE PROPRIETOR
- LIST OF DIRECTORS & OFFICERS PARTNERSHIP DEED ALONGWITH ITS CERTIFICATE OF REGISTRATION
- DOCUMENTARY EVIDENCE FOR TAX EXEMPTION POWER OF ATTORNEY(S) - NOTARIZED AND ON STAMP PAPER
- CERTIFICATE OF INCORPORATION / REGISTRATION / COMMENCEMENT OF BUSINESS MEMORANDUM & ARTICLES OF ASSOCIATION / BY LAWS / TRUST DEED
- COPY OF BOARD RESOLUTION (AUTHORISING INVESTMENTS) TAX EXEMPTION CERTIFICATE / OTHERS (SPECIFY) _____

PROVISIONAL RECEIPT (ALFALAH GHP ISLAMIC FUND)

(FORM AGIF - 01)

RECEIVED FROM:			STAMP / RECEIPT DATE & TIME
CHEQUE / DD / P.O. No.	DATED:	Rs.	
RUPEES IN WORDS:			
DRAWN ON BANK:	BRANCH:		AUTHORIZED SIGNATURE