



AMZ Asset Management Limited
Investor's Account Opening Form - 01
(TO BE FILLED IN BLOCK LETTERS)



Fund Name		Date	
<input type="checkbox"/> New		<input type="checkbox"/> Changes/Amendments	
INFORMATION ABOUT PRINCIPAL ACCOUNT HOLDER			
Name : Mr. / Mrs. / Ms. / M/s.		CNIC No.	
		Phone No. (Off) (Res.)	
		(Cell) (Fax)	
Father's / Husband's Name		Zakat Deduction <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declaration Attached	
		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
Name of Guardian (For minor applicants)		Signature of Guardian	
Address			
City	Postal Code	Country	E-mail
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Nationality	Speciman Signature (With Rubber Stamp in case of Institutional Clients)
		Date of Birth	
FOR INDIVIDUAL CLIENTS (Occupation)			
<input type="checkbox"/> Professional		<input type="checkbox"/> Business	
<input type="checkbox"/> Agriculturist		<input type="checkbox"/> Housewife	
<input type="checkbox"/> Service - Public		<input type="checkbox"/> Service - Private	
<input type="checkbox"/> Student		<input type="checkbox"/> Retired	
		<input type="checkbox"/> Others	
FOR INSTITUTIONAL CLIENTS (Type of Organization)			
<input type="checkbox"/> Public Ltd. Company		<input type="checkbox"/> Private Ltd. Company	
<input type="checkbox"/> NBFC		<input type="checkbox"/> DFI	
<input type="checkbox"/> NGO		<input type="checkbox"/> Insurance Company	
<input type="checkbox"/> Provident Fund		<input type="checkbox"/> Pension Fund	
<input type="checkbox"/> Gratuity Fund		<input type="checkbox"/> Others (Please Specify)	
Incorporation / Registration No.		NTN No.	
		Or Non-Resident	
BANK ACCOUNT DETAILS OF PRINCIPAL ACCOUNT HOLDER			
Bank Name		Branch Name	
Bank Phone No.	Account No.		
STATEMENTS / DIVIDENDS			
Request for Account Statement	Account Statement of Units will be issued by Registrar on activity & half yearly. Additional Account Statement can be issued on request with Investor Relations on payment.		
Dividend Option / Dividend Mandate	<input type="checkbox"/> Do not reinvest dividend and transfer to my bank account <input type="checkbox"/> Please post me dividend Warrants at my registered address <input type="checkbox"/> Reinvest dividend amount and convert into units at repurchase price of Ex-dividend		

JOINT HOLDER DETAILS (if any)

NAME	CNIC No.	SIGNATURE
Mr./Mrs./Ms./M/s		
Mr./Mrs./Ms./M/s		
Mr./Mrs./Ms./M/s		

INSTRUCTIONS TO OPERATE THE ACCOUNT FOR INDIVIDUALS / GROUP OF PERSONS / INSTITUTIONS / FUNDS AS PER THEIR BOARD RESOLUTION

Jointly
 Singly
 Either or Survivor
 Others (Please Specify)

NOMINEE

Mr./Mrs./Ms./M/s.	Relation with Principal Account Holder	Signature

Address:

CNIC No.		Phone No. (Off)	(Res.)
		(Cell)	(Fax)

OPTIONAL INFORMATION (Select one / whichever is applicable)

Education			Monthly Income (Rs.)			Other Investments				
Basic	Graduate	Higher	Over 10,000	Over 25,000	Over 50,000	Bank Deposits	Govt. Savings	Stock Market	Property	Other

FOR REGISTRAR USE ONLY

Date Account Opening Form Received	Account No. Issued to Client	Data Input by	Data and Attachments verified by

FOR OFFICAL USE ONLY

APPLICATION CHECKLIST

Copy of CNIC(s)
 Board Resolution (authorizing investment)
 Any Other Document (Specify)

Zakat Declartion (where applicable)
 Memorandum and Articles of Association / Bye Laws / Trust Deed
 Documentary evidence for tax exemption (if any)

Power of Attorney(s)
 Certificate of Incorporation / Registration

Remarks

AMZ Asset Management Limited Investor's Account Opening Form - 01

Guidelines for Completing the Application for Account Opening

This form is a one-time requirement for both Individual and Institutional Customers, and is required to be filled when the account is opened for the first time or if there are any changes in investors' particulars.

Please complete the application form in Block letters with a ball pen.

FUND NAME

Please mention the name of the fund.

INFORMATION ABOUT PRINCIPAL ACCOUNT HOLDER

- Information about the Principal Account Holder is recorded under this section.
- Please make sure that information i.e. name, address, telephone number provided in this section are correct.
- In case of an Individual, if the client chooses "NO" for Zakat Deduction, the Zakat declaration would be required (in case of Joint Holder, declaration from all holders will be required).
- In case of Institutional Clients, ensure that type of institution and Registration / Incorporation number and the NTN number is filled in under the "For Institutional Client" section. All non-resident companies need to tick in the box assigned for the purpose.

BANK ACCOUNT DETAILS OF PRINCIPAL ACCOUNT HOLDER

- Please make sure to provide correct details of bank account of Principal Account Holder. Any error in filling this information may cause delay in transfer of funds to the account holder.

STATEMENTS / DIVIDENDS

- Please instruct on Dividend Options.

JOINT HOLDER DETAILS (IF ANY)

- If there are any Joint Holders, their name(s) need to be specified along with their CNIC # and signature (Joint signatories for institution).
- Please "Tick" how the account shall be operated.

INSTRUCTIONS TO OPERATE THE ACCOUNT

- Please instruct how to operate the Account by checking the relevant box.

NOMINEE

- Please complete this section to help AMZ Asset Management Limited ascertain the **Next of Kin**.

OPTIONAL INFORMATION

- The account holder is encouraged to fill in the Optional Information. Knowledge about the customers would help us serve them more efficiently.

CHECK LIST

- In case of Individual Client Attested copies of CNIC's*, Zakat Declaration (if exemption claimed) will be required.
- In case of Institutional Client attested copies of;
 - a) CNIC's* (authorized signatories)
 - b) Power of Attorney (s) (or any other document authorizing signatories to operate the account)
 - c) Board Resolution (authorizing investment)
 - d) Memorandum and Articles of Association / Trust Deed / Bye Laws
 - e) Certificate of Incorporation / Registration

*Note; In the absence of CNIC, to better facilitate our clients, ATTESTED copies of the old NICs ALONG WITH proof of application (NADRA receipt) for the new CNICs, can also be accepted.

OTHER INSTRUCTIONS

- Principal Account Holder must sign in the space meant for the purpose. Without signature of the Principal Account Holder, the officer at Distributor Office will not accept the form.

DEATH OF UNIT HOLDER

- In the case of AMZ ASSETS receiving notice of the demise of an investor, AMZ ASSETS shall not be obliged to allow the transfer of title, redemption or payout any dividends with-out the production of evidence of title or right to the units which AMZ ASSETS considers sufficient.
- 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.
- The account holder should either mark all empty spaces in the form "Void" or cross (X) them out
- 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.
- **Cash shall not be accepted.**
- 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.
- If an acknowledgement of the investment is not received within 10 working days, the investor should contact AMZ Asset Management Limited.

If you have any questions or need additional information,
please call office : **(92-21) 111-269-111, (92-21) 111-AMZ-111**
Fax : **(92-21) 22 72 155**

or contact the **AMZ Asset Management Ltd.** at:
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www.amzassets.com