



INFORMATION ABOUT PRINCIPAL ACCOUNT HOLDER										Date	
Name: Mr. /Mrs./ Ms./ M/s											
CNIC No											

INVESTMENT DETAILS											
Unit Types						Amount Rs.			In words		
Type A		Fixed Type B		Flexible Type B							
Name of Gardian (for minor applicant)						Signature of Guardian					

No. of Units: _____

Mode of Payment: Cheque No. _____ Payorder No. _____ Demand Draft No. _____

Drawn on: (Name of Bank & Branch)

Please Note:
Cheque/Payorder/Demand Draft to be made in favor of "CDC-Trustee Faysal Savings Growth Fund" and crossed "Payee Account Only".

Periodic Payment:
Amount of income the Unit holder needs at regular intervals Rs. _____ (For fixed Type B Units Only).
(The capital invested may deplete incase sufficient returns are not earned to cover the amount of relevant interval payment required by the unitholder).
(I authorize FAML to redeem my units to pay me/we income at regular intervals based on the above instructions).

Please tick one: Monthly Quarterly Semiannually Annually
Unit Certificate will be issued only if requested and on payment of Rs.25 per certificate. Payment for certificate(s) may be combined with the payment for unit(s).
Unless indicated by the applicant, minimum number of certificates will be issued). Certificate for Type 'B' Units shall not be issued.

DECLARATION

I / We hereby confirm having read and understood the relevant Trust Deed, Offering Documents of FSGF that govern this transaction and further acknowledge understanding of the risk involved.

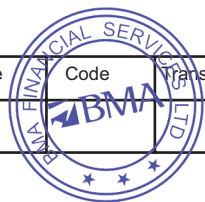
Signature of Applicant	Signature of Applicant	Signature of Applicant	Signature of Applicant(Rubber stamp incase of institution)
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FOR OFFICIAL USE ONLY

- | | |
|--|---|
| <input type="checkbox"/> Cheque / Payorder / Demand draft | <input type="checkbox"/> Memorandum and Articles of Association |
| <input type="checkbox"/> Board Resolution Authorizing Investment | <input type="checkbox"/> Zakat Affidavit (where applicable) |
| <input type="checkbox"/> Copy of NIC(s) | <input type="checkbox"/> Power of Attorney |
| <input type="checkbox"/> List of Authorized Signatories | <input type="checkbox"/> Other document (please specify) |

DISTRIBUTION INFORMATION

Facilitator/Distributor Name	Code	Transaction Date	Investment form No.	Name of Authorized person at Distribution Centre	Authorized Signature



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Investment Form received on	Data and attachments verified by	Data Input by	Number of Units issued	Issue price per Unit

TO BE FILLED BY THE DISTRIBUTION COMPANY

RECEIPT		Date: _____
Received from _____ Application Form for the sale of _____ units of FSGF with cheques/ draft/ payorder No. _____ dated _____ for Rs. _____ drawn on _____		
_____ Authorized Branch (Rubber Stamp)		_____ Authorized Signatory