

**Principal Account Holder Information**

Name Mr / Mrs / Ms / M/s. \_\_\_\_\_ CNIC or Passport No. \_\_\_\_\_  
 Father / Husband / Guardian Name \_\_\_\_\_ Contact No. \_\_\_\_\_  
 Zakat Deduction  Yes  No Gender  Male  Female Status  Resident  Non Resident Date of Birth \_\_\_\_\_ dd/mm/yy  
 (If you have selected 'No' please provide CZ-50 form)  
 Occupation \_\_\_\_\_ Fax \_\_\_\_\_  
 Nationality \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Specimen Signature \_\_\_\_\_

Stamp if Institutional Client

**Only for Institutional Clients**

Registration / Incorporation Number \_\_\_\_\_ NTN \_\_\_\_\_  
 Type  Company (Listed)  Partnership  Trust  Other \_\_\_\_\_  
 Company (Unlisted)  Sole Proprietorship  NGO Other Please Specify \_\_\_\_\_

**Bank Account Information**

Account Title \_\_\_\_\_ Account No. \_\_\_\_\_  
 Bank Name \_\_\_\_\_ Branch \_\_\_\_\_  
 Branch Address \_\_\_\_\_ City \_\_\_\_\_

**Joint Account Holder Information**

Name Mr / Mrs / Ms / M/s. \_\_\_\_\_ CNIC or Passport No. \_\_\_\_\_  
 Father/Husband / Guardian Name \_\_\_\_\_ Specimen Signature \_\_\_\_\_  
 Name Mr / Mrs / Ms / M/s. \_\_\_\_\_ CNIC or Passport No. \_\_\_\_\_  
 Father/Husband / Guardian Name \_\_\_\_\_ Specimen Signature \_\_\_\_\_  
 Name Mr / Mrs / Ms / M/s. \_\_\_\_\_ CNIC or Passport No. \_\_\_\_\_  
 Father/Husband / Guardian Name \_\_\_\_\_ Specimen Signature \_\_\_\_\_

**Operating Instructions**  Principal Account Holder Only  Either or Survivor  Jointly By Any Two  Jointly (All Account Holders)  
 Other, please specify \_\_\_\_\_

**Nominee Information (Not applicable to Institutions and Joint Account Holders)**

Name Mr / Mrs / Ms \_\_\_\_\_ Name Mr / Mrs / Ms \_\_\_\_\_  
 CNIC or Passport No. \_\_\_\_\_ CNIC or Passport No. \_\_\_\_\_  
 Relationship with Principal A/c Holder \_\_\_\_\_ Share % \_\_\_\_\_ Relationship with Principal A/c Holder \_\_\_\_\_ Share % \_\_\_\_\_

**Dividend Mandate**

Please encash my bonus units  Please re-invest my cash dividend  Please transfer my dividend to my bank account

**Account Statement Frequency (Extra charges may apply)**

Upon Activity  Monthly  Quarterly  Half yearly  Yearly

**Declaration**

I/We hereby acknowledge having read in full and understood the relevant Trust Deed(s) and Offering Documents(s) that govern this transaction and further acknowledge having understood in full the risks involved.

Signature \_\_\_\_\_ Signature \_\_\_\_\_ Signature \_\_\_\_\_ Signature \_\_\_\_\_ Stamp if Institutional Client

**For Official Use Only**

**ATL**  
 Code \_\_\_\_\_ Date \_\_\_\_\_ Form Received dd/mm/yy Name of Authorized Person \_\_\_\_\_ Signature \_\_\_\_\_  
**Transfer Agent**  
 Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm \_\_\_\_\_ Form and Attachments Verified By \_\_\_\_\_ Date Input By \_\_\_\_\_ Date Verified By \_\_\_\_\_ Account No. \_\_\_\_\_  
 Remarks \_\_\_\_\_

**Client Receipt (To be filled by authorized ATL representative)**

Date \_\_\_\_\_ Received By \_\_\_\_\_ Form Number \_\_\_\_\_  
 Form Received dd/mm/yy \_\_\_\_\_  
 Signature of Authorized Person \_\_\_\_\_ Stamp of Authorized Branch \_\_\_\_\_

# Account Opening Form Guidelines

Please read the guidelines below before completing this form.

## General Instructions

- ☞ In case of institutional clients, company stamp is required.
- ☞ Please fill this form in BLOCK LETTERS.
- ☞ Upon completion and submission of this form you will be provided a receipt, please retain your receipt and ensure that it is signed and stamped by the authorized ATL (Authorized Transaction Location) representative.
- ☞ It is the responsibility of the client(s) to pay any and all stamp duties, taxes and processing charges (if any) upon submission of this form.
- ☞ For additional details please refer to the Offering Document or call us at 111.367.444.

## Detailed Instructions

### Principal Account Holder Information

- ☞ Please provide either a) your CNIC number or b) your Passport number.
- ☞ If you have selected No in Zakat Deduction please ensure that you provide a CZ-50 form to compliment your request.
- ☞ If you have selected Other in Type of Business please specify in the space provided.

### Bank Account Information

- ☞ Please provide the bank account details of the Principal Account Holder.
- ☞ Any error in filling this information may cause delay in transfer of funds to the Account Holder.
- ☞ These details shall be used for both Redemptions and Dividend Mandates where applicable.

### Joint Account Holder Information

- ☞ In case of institutions, this section shall be used for authorized signatories and the respective institution's stamp.

### Nominee Information

- ☞ This section is not applicable in case of institutions and Joint Account Holders.
- ☞ Names of the Nominee(s) if any and relationship with the Principal Account Holder should be clearly stated in this section along with the total entitlement of share.

### Dividend Mandate

- ☞ Please specify your desired dividend mandate, kindly note that the default dividend mandate is re-investment.
- ☞ Select the desired check box, be advised that if you wish to change your selection at a later date you can do so by filling out the Change Request Form.

### Account Statement Frequency

- ☞ Please select your desired statement frequency.

### Declaration

- ☞ Signature of the Principal Account Holder and / or of ALL Joint Account Holders is required.
- ☞ In case of institutional clients, company stamp is required.

## Required Documentation

### Individuals

- Copy of Computerized National Identification Card (CNIC) or Passport for all signatories.
- Zakat Declaration Form (CZ-50).

### Institutions

- Memorandum and Articles of Association.
- Certificate of Incorporation.
- Computerized National Identification Card (CNIC) copies of all authorized signatories.
- Board Resolution authorizing investment.
- NTN Certificate.
- Tax and/or Zakat Exemption Certificate.
- Other incorporation documents (if requested).
- Bye-laws.

IGI Funds Limited (Formerly First International Capital Management Limited)

4th Floor, Shaheen Commercial Complex, Dr. Ziauddin Ahmed Road, Karachi 74200, Pakistan UAN: +92.21.111.367.444 Fax: +92.21.2272415 www.igifunds.com.pk

Thank you for investing with IGI Funds. Please retain this receipt for your records.