



Al Meezan Investment Management Ltd.

INVESTMENT APPLICATION FORM

Pure. Profit.

No. AMIM-02-006

INFORMATION ABOUT THE PRINCIPAL ACCOUNT HOLDER					Filling Date & Time:					
Name: (Mr./Mrs./Ms/M/s.)							Reg. No. : (if any)			
Contact No:				CNIC No:						
INVESTMENT DETAILS										
<input type="checkbox"/> Meezan Islamic Fund (MIF)		Amount:		No.:		Date:		Bank:		
Class _____ Type _____		Amount in words:								
Please make the payment in favour of CDC Trustee Meezan Islamic Fund and crossed "Account Payee only"										
<input type="checkbox"/> Meezan Islamic Income Fund (MIIF)		Amount:		No.:		Date:		Bank:		
Class _____ Type _____		Amount in words:								
Please make the payment in favour of CDC Trustee Meezan Islamic Income Fund and crossed "Account Payee only"										
<input type="checkbox"/> Meezan Cash Fund (MCF)		Amount:		No.:		Date:		Bank:		
Class _____ Type _____		Amount in words:								
Please make the payment in favour of CDC Trustee Meezan Cash Fund and crossed "Account Payee only"										
<input type="checkbox"/> Meezan Mahana Kharch Account* (MMKA)		Amount:		No.:		Date:		Bank:		
		Amount in words:								
Please make the payment in favour of CDC Trustee Meezan Islamic Income Fund and crossed "Account Payee only"										
<input type="checkbox"/> Meezan Sarmaya Barhao Plan (MSBP) (No payment option plan available)		Amount:		No.:		Date:		Bank:		
		Amount in words:								
Please make the payment in favor of CDC Trustee Meezan Funds and crossed "Account Payee only"										
<input type="checkbox"/> Meezan Amdan Barhao Plan* (MABP)		Amount:		No.:		Date:		Bank:		
		Amount in words:								
Please make the payment in favor of CDC Trustee Meezan Funds and crossed "Account Payee only"										
<input type="checkbox"/> Meezan Balanced Plan* (MBP)		Amount:		No.:		Date:		Bank:		
		Amount in words:								
Please make the payment in favor of CDC Trustee Meezan Funds and crossed "Account Payee only"										
		Amount:		No.:		Date:		Bank:		
		Amount in words:								
<p>*Payment options for Plans (Only available for MMKA, MABP and MBP)</p> <input type="checkbox"/> 100% Profit <input type="checkbox"/> 90% Profit periodically & remaining at financial year end <input type="checkbox"/> 90% Profit with capital growth <input type="checkbox"/> Systematic withdrawal Rs. _____ (Only available for MMKA)										
Unit-Mode of Holding: <input type="checkbox"/> Account Statement <input type="checkbox"/> Unit Certificate							Frequency of Payment <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Anually			
Declaration: I/We hereby confirm having read and understood the relevant Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern this transaction and further acknowledge understanding of the risks involved. Signature of applicant/joint applicant(s) (with rubber stamp in case of institutional Clients)							Fund/Plan		Transaction Date	
REMARKS:							Name and Signature of Officer at Distribution Centre			
FOR OFFICIAL USE ONLY										
Facilitator Information Facilitator Name Facilitator Code					Distributor Information Distributor Name e-form Number Supervisor Signature					
Data Input By * *					Transfer Agent Data Verified and Posted By Signature of Manager					

