NATIONAL INVESTMENT TRUST LIMITED

SR. No. _____

ACCOUNT OPENING & INVESTMENT FORM **NIT-I**

I/We request NIT to sell me/us Units as detailed below.

FP/DISTRIBUTOR CODE | | | | | | | |

DATE (DD / MM / YY): | | | | | | |

Branch:_____

UNIT HOLDER'S INFORMATION :

Title of Account:

Selection of Fund - Please select appropriate Fund.

EQUITY SCHEME	INCOME SCHEMES	MONEY MARKET SCHEME	SHARIAH COMPLIANT EQUITY SCHEME	SHARIAH COMPLIANT INCOME SCHEME
☐ **NI(U)T FUND**	☐ **NIT-GBF**	☐ **NIT-GTF**	☐ **NIT-IEF**	☐ **NIT-IIF**
(Sales Load: 3%)	**(Sales Load: 1%)**	**(Sales Load: 0%)**	**(Sales Load: 2%*)**	**(Sales Load: 0%)**
	☐ **NIT-IF**		***Waived since Launch of Fund**	
	(Sales Load: 1%)			

Account No.: | | | | | | **Type of Account:** ☐ Individual ☐ Corporate

PAYMENT DETAILS (Investment in cash is not allowed):

Mode of Payment: ☐ Cheque ☐ Demand Draft ☐ Pay Order ☐ Other: _____

Cheque/PO/DD No.: **Date:** **Amount in Figures: Rs.**

Drawn On:

Amount in Words:

DECLARATION :

I/we acknowledge the disclosure of applicable sales load on above mentioned fund and also understand that a Sales Load _____% will be charged on the Investment. This is also to acknowledge that I/we have read, understood and agree with all the terms and conditions stipulated under the offering documents for funds under management of National Investment Trust Limited which are available on company's website www.nit.com.pk and I/we abide by the above appended terms.

Cooling-off Right:

All individual unit holders can exercise a cooling-off right for refund of their first time investment in a collective investment scheme managed by NITL, by providing a written request within 3 business days from date of issuance of investment report. The refund (including sales load, if any) pursuant to the exercise of a cooling-off right shall be paid to the unit holder within six business days of receipt of written request from the unit holder in accordance with the Direction No. 31 of 2016 issued by SECP. The refund for every unit held by the unit holder should be an amount equal to NAV per unit applicable on the date the cooling-off right is exercised.

SIGNATURES:

Principal Unit Holder/ Signatory-1	1st Joint Holder / Signatory-2	2nd Joint Holder / Signatory-3	3rd Joint Holder / Signatory-4	4th Joint Holder / Signatory-5	Official Stamp (For Institution Only)

FOR BRANCH USE ONLY

DATE (DD / MM / YY): | | | | | | | TIME: _____ : _____ AM / PM Sale No.: _____

Investment Amount (Rs.)	Rate Per Unit (Rs.)	Total Electronic Units allocated

Form reviewed and checked by: Data entered by:

Branch Stamp & Signature of the Manager / Authorized Official:

Date of delivery/dispatch of Account Statement to Unit Holder:

Rev. 23-9-16

Payment Details:

Payment instrument must be made in favor of the Trustee of the respective Fund, as mentioned below:

Fund Name	Title of Account
NI(U)T Fund	CDC – Trustee National Investment (Unit) Trust
NIT-GBF	CDC – Trustee NIT Government Bond Fund
NIT-IF	CDC – Trustee NIT Income Fund
NIT-GTF	CDC – Trustee NIT Government Treasury Fund
NIT-IEF	CDC – Trustee NIT Islamic Equity Fund
NIT-IIF	CDC – Trustee NIT Islamic Income Fund