

1. ACCOUNT DETAILS

Name of Applicant: _____ Folio No.: _____

2. PAYMENT DETAILS (We do not accept cash. Therefore you are advised to pay through the mentioned payment modes.)

Mode of Payment: Cheque Pay Order Demand Draft Transfer No.: _____ Date: _____

Drawn on (Bank & Branch): _____

3. INVESTMENT DETAILS (All payments shall be made in the name of: "CDC-Trustee Name of Respective Fund")

Date of Investment: _____ Investment Amount* Rs: _____ Rupees in words: _____

Name of Fund	Administrative Plans	Asset Allocation	
		AIF	ASMF
<input type="checkbox"/> Atlas Income Fund (AIF)	<input type="checkbox"/> Growth Plan	15	85
<input type="checkbox"/> Atlas Stock Market Fund (ASMF)	<input type="checkbox"/> Balanced Plan	50	50
	<input type="checkbox"/> Income Multiplier Plan	85	15
<input type="checkbox"/> Atlas Islamic Stock Fund (AISF)	<input type="checkbox"/> Islamic Growth Plan	85	15
	<input type="checkbox"/> Islamic Balanced Plan	50	50
	<input type="checkbox"/> Islamic Income Multiplier Plan	15	85
<input type="checkbox"/> Atlas Islamic Income Fund (AIIF)	<input type="checkbox"/> Systematic Payout & Systematic Withdrawal Plan (Please fill section no.4)		
<input type="checkbox"/> Atlas Money Market Fund (AMF)	<input type="checkbox"/> Payout Units (Please fill section no.5)		
<input type="checkbox"/> Atlas Gold Fund (AGF)			
<input type="checkbox"/> Atlas Sovereign Liquid Fund (ASLF)			

4. SYSTEMATIC PAYOUT & SYSTEMATIC WITHDRAWAL PLAN (Applicable for Income Fund and Islamic Income Fund only)

Systematic Payout Option (Income based on performance of the fund)

Systematic Withdrawal Option (Income based on requirements of the investor), please specify amount in Rs. _____ (Please note that in case of fixed income units if the income required exceeds income earned on the Fund, the principal invested may deplete over time).

Periodic Payment: (Please Tick any one): Monthly Quarterly Semi-annually Annually

Systematic Investment Plan (Minimum Investment amount shall be Rs. 5,000)

Systematic Investment Amount Rs. _____ **Investment Frequency** (Please Tick any one): Monthly Quarterly

No. of Post Dated Cheques: _____ Stand by/Auto Debit Date: _____

5. PAYOUT UNITS (Applicable for Money Market Fund only)

Profit Payout Units (Income based on performance of the fund)

Fixed Payout Units (Income based on requirements of the investor), please specify amount in Rs. _____ (Please note that the value of investment under Fixed Payout option may reduce).The minimum pay out amount shall not be less than Rs. 500, for every Regular Interval.

Periodic Payment: (Please Tick any one): Monthly Quarterly Semi-annually

6. CERTIFICATE INSTRUCTIONS

Certificate Instruction: Units will be issued in registered, uncertificated form and will be confirmed by means of an Account Statement issued by the Transfer Agent. Unit Certificate(s) will be issued only if requested and on payment of Rs.25 per Certificate. Payment of Certificate(s) may be combined with the payment for Units.

No. of Certificates: _____ Denomination (Units): _____

7. DECLARATION

I/We declare that I am/we are not minor(s). I/We will not claim repatriation from Pakistan of dividend and sale proceeds of the Unit(s) except as permissible under the rules of State Bank of Pakistan or Ministry of Finance, Government of Pakistan. I/We have read and understood the Offering Document(s) and supplements thereof and have been provided the latest Fund Manager Report (FMR) and Fact Sheet (in case of new CIS). I/We apply for the Units of the Scheme(s) and I/We agree to abide by the terms, conditions, rules and regulations of the Scheme. I/We confirm to have understood the terms and conditions, investment objectives, strategy, fundamental objectives and risk factor applicable to the respective Atlas Fund(s).

	Name of Applicant(s)/Signatory	Designation (In case of Institution)	Signature (with Rubber Stamp in case of Institution)
Principal Applicant/Signatory			
First Joint Holder/Signatory			
Second Joint Holder/Signatory			
Third Joint Holder/Signatory			

8. PROVISIONAL RECEIPT (Please make sure to take the receipt with you)

Received from Mr./Mrs./Ms./Messrs: _____	Date: _____	Authorized Branch: _____
Name of Fund/Plan: _____		(Stamp)
Amount Received (Rs.): _____ In Words: _____		Authorized Signatory: _____
Mode of Payment: <input type="checkbox"/> Cheque <input type="checkbox"/> Pay Order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Transfer No.: _____ Date: _____		
Drawn on (Bank & Branch): _____		



Atlas Asset Management