

# Account Opening Form

(For Individuals Only)



## General Instructions

1. Please fill the form in block letters and clear hand writing. Please do not overwrite as it might lead to errors in processing your application.
2. All fields are mandatory except for Official Use only.
3. Please tick in the appropriate box where applicable, otherwise mark N/A (Not Applicable).
4. It is the responsibility of the applicant to understand the general instructions, terms and conditions in this form.
5. All cheques should be made in favor of CDC / MCBFSL Trustee (Name of fund).
6. Please submit complete documents including CNIC(s), Zakat Affidavit [if applicable], Business & Employment Proof (Employer Certificate or Salary Slip or Employment Card or Business Letterhead or Pension book / employer letter in case of Retired or any other document justifying occupation and source of funds of the investor) along with this form.
7. In case of House wife / Student and no employment or business proof then similar document of supporting family member such as Father or Brother or Husband or Son will be required
8. Redemption proceeds will be made to the bank or in bank accounts as updated by investor through service request form.
9. If assistance is required in filling this form, please contact us.
10. Kindly fill the form yourself or get it filled in your presence. Do not sign or submit blank form.

Date \_\_\_\_\_

Folio Number \_\_\_\_\_

For Official Use Only - 786 IL

## Personal Information - Principal Applicant

Account Title (as per CNIC) \_\_\_\_\_

Preferred Title  Mr.  Mrs.  Ms.  Dr.  Other Mother's Maiden Name \_\_\_\_\_ for verification purpose Nationality \_\_\_\_\_

Father/Husband Name \_\_\_\_\_ Date of Birth D D M M Y Y Y Y Country of Birth \_\_\_\_\_

CNIC / NICOP No. \_\_\_\_\_ CNIC / NICOP Expiry D D M M Y Y Y Y

Passport No. (For Foreign Nationals Only) \_\_\_\_\_ Zakat Deduction  Yes  No (If 'No' please attach affidavit)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Care-of Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Tel. (Res) \_\_\_\_\_ Tel. (Off) \_\_\_\_\_ Fax \_\_\_\_\_

\*Email(s) (IN BLOCK LETTER) \_\_\_\_\_ \*Mobile \_\_\_\_\_

\*Please ensure email address and mobile number is correct and active because the same maybe used either to contact you or to facilitate you to access your account information through online portal or transmit financial statements of respective funds

## Bank Account Details

Bank Name \_\_\_\_\_ Account number \_\_\_\_\_

Branch Name & Address \_\_\_\_\_ City \_\_\_\_\_

## Other Instructions / Information

Frequency of Account Statement  Monthly  Quarterly  Annually\* \*Default Option

Dividend pay-out instruction: (Please tick one)\*  Cash  Reinvestment (Net of applicable taxes) \*In case no option is selected, reinvestment is considered as default option

Account Operating Instruction  Principal Applicant/Self  Either or Survivor  Joint (All)  Joint (Any Two)  Guardian  Other Instructions (Attached)

## Personal Information - Minor Applicant (if any)

Name of Guardian (for minor applicants) \_\_\_\_\_ Relation with minor \_\_\_\_\_

CNIC No./NICOP \_\_\_\_\_ CNIC / NICOP Expiry D D M M Y Y Y Y

## Personal Information - Nominee(s) (not applicable in case of joint account)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Share % \_\_\_\_\_

CNIC / NICOP No. \_\_\_\_\_ CNIC / NICOP Expiry D D M M Y Y Y Y

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Share % \_\_\_\_\_

CNIC / NICOP No. \_\_\_\_\_ CNIC / NICOP Expiry D D M M Y Y Y Y

## Know Your Customer (KYC)

This section is meant and adopted to establish the identity of the client by using reliable, independent source of documents, data and information, as per SECP Circular No.12 of 2009, AML laws and other regulatory requirements.

Residential Status  Resident  Non-Resident  Foreign National

Occupation  Govt. Employee  Businessman  Private Service  Housewife  Student  Retired  Professional  others (please specify) \_\_\_\_\_

Designation \_\_\_\_\_ Department \_\_\_\_\_

Organisation/Employer \_\_\_\_\_

Total Working Experience (Years) For Salaried Individuals \_\_\_\_\_

Age of Bussiness (Years) For bussiness individuals \_\_\_\_\_

Education  Undergraduate  Graduate  Post Graduate  Professional  Others

Marital Status  Single  Married  No. of Dependants

Public Figure  No  Yes (includes Senior Government Officials, Senior Office Bearers of Public Sector Entities, Politicians)

Source of Funds  Salary  Self-Owned/Family Business (Please specify)  Home Remittance

Inheritance  Stock/Investments  Other (Please Specify)

Average Annual Income  Less than 250k  250-500k  500k-1mn  1-10mn  10mn-100mn  Above 100mn

**Ultimately Beneficiary of the Investments**

(if different from the investor/nominee)

Name of Ultimate Beneficiary

Relationship of Ultimate Beneficiary with Investor

CNIC/NICOP/Passport No. of the Ultimate Beneficiary

Copy of valid CNIC / Passport. NICOP of Ultimate Beneficiary (if applicable)

Has any Financial Institution ever refused to open your account?  No  Yes(specify)

Do you deal high value items such as Gold, Silver, Diamond and Real Estate etc?  No  Yes(specify)

**KYC**

**Personal Information - Joint Applicant One**

Name  Relation with primary applicant

CNIC No./NICOP  CNIC No./NICOP Expiry  D D M M Y Y Y Y

Address

Tel. (Res)  Tel. (Off)  Fax

Email(s) (IN BLOCK LETTER)  Mobile

Residential Status  Resident  Non-Resident  Foreign National

Profession  Govt. Employee  Businessman  Private Service  Housewife  Student  Retired

Professional (please specify)

Designation  Department

Organisation/Employer

Public Figure  No  Yes (includes Senior Government Officials, Senior Office Bearers of Public Sector Entities, Politicians)

Source of Funds  Salary  Self-Owned/Family Business (Please specify)  Home Remittance

Inheritance  Stock/Investments  Other (Please Specify)

**KYC**

Has any Financial Institution ever refused to open your account?  No  Yes(specify)

Do you deal high value items such as Gold, Silver, Diamond and Real Estate etc?  No  Yes(specify)

**Personal Information - Joint Applicant Two**

Name  Relation with primary applicant

CNIC No./NICOP  CNIC No./NICOP Expiry  D D M M Y Y Y Y

Address

Tel. (Res)  Tel. (Off)  Fax

Email(s) (IN BLOCK LETTER)  Mobile

Residential Status  Resident  Non-Resident  Foreign National

Profession  Govt. Employee  Businessman  Private Service  Housewife  Student  Retired

Professional (please specify)

Designation  Department

Organisation/Employer

Public Figure  No  Yes (includes Senior Government Officials, Senior Office Bearers of Public Sector Entities, Politicians)

Source of Funds  Salary  Self-Owned/Family Business (Please specify)  Home Remittance

Inheritance  Stock/Investments  Other (Please Specify)

**KYC**

Has any Financial Institution ever refused to open your account?  No  Yes(specify)

Do you deal high value items such as Gold, Silver, Diamond and Real Estate etc?  No  Yes(specify)

## Personal Information - Joint Applicant Three

Name				Relation with primary applicant									
CNIC / NICOP No.				CNIC / NICOP Expiry	D	D	M	M	Y	Y	Y	Y	
Address													
Tel. (Res)				Tel. (Off)				Fax					
Email(s) (IN BLOCK LETTER)								Mobile					
Residential Status	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident	<input type="checkbox"/> Foreign National										
Profession	<input type="checkbox"/> Govt. Employee	<input type="checkbox"/> Businessman	<input type="checkbox"/> Private Service	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Retired							
	<input type="checkbox"/> Professional (please specify)												
Designation				Department									
Organisation/Employer													
Public Figure	<input type="checkbox"/> No	<input type="checkbox"/> Yes (includes Senior Government Officials, Senior Office Bearers of Public Sector Entities, Politicians)											
Source of Funds	<input type="checkbox"/> Salary	<input type="checkbox"/> Self-Owned/Family Business (Please specify)	<input type="checkbox"/> Home Remittance										
	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Stock/Investments	<input type="checkbox"/> Other (Please Specify)										
	Has any Financial Institution ever refused to open your account?							<input type="checkbox"/> No	Yes(specify)				
	Do you deal high value items such as Gold, Silver, Diamond and Real Estate etc?							<input type="checkbox"/> No	Yes(specify)				

## Risk Profiling (Rp) Questionnaire

Please answer the following questions as candidly as you can. Your answers will help us determine the most suitable asset allocation model for you.

(Please select only ONE option for each question)

### 1) Please mention the age bracket you fall in:

- a Above 61 years     b 55 - 60 years     c 40 - 54 years     d 25 - 39 years     e Less than 25 years

### 2) I plan to keep my investment for:

- a Less than a year     b 1 - 3 years     c 3 - 5 years     d 5 - 10 years     e More than 10 years

### 3) I have enough savings to support my lifestyle for:

- a Up to 3 months     b Up to 6 months     c Up to 1 year     d 1 - 3 years     e Over 3 years

### 4) I would like my financial goals to be attained in:

- a Less than a year     b 1 - 3 years     c 3 - 5 years     d 5 - 10 years     e More than 10 years

### 5) I can relate myself best to the following statement:

- a I cannot bear any capital loss.  
 b I will redeem my entire investment amount if I incur 5% loss.  
 c I will wait for my investment to appreciate if I incur 10% loss.  
 d I have other sources of income to maintain my lifestyle.  
 e I will invest on long term basis and will make additional investments when the price falls.

### 6) For further investment I intend to take:

- a No risk  
 b Slight risk with reasonable return and principal protection  
 c Moderate risk with higher than average return  
 d Moderate to high risk for potential greater returns  
 e High risk for superior returns

**7) If I incur substantial initial loss I would:**

- a Redeem my investment
- b Switch to safer and secure investment option
- c Hold my investment and decide later
- d Observe economic situation and market outlook
- e Continue with my investment plan

**8) I usually invest/keep my money in:**

- a Current Account
- b PLS/Savings/TDR's
- c Fixed Income Mutual Fund/National Savings Schemes/Prize Bond
- d Stock/Share/Equity based mutual fund
- e Real Estate

**SCORING**      a= -2    b= -1    c= 0    d= 1    e= 2

Questions	1	2	3	4	5	6	7	8	Total
Score									

**Recommended Strategy**

Options	Score	Risk Level	Fund Type
A	(-20 to -6)	Low	Money Market Fund or Income Fund (Conventional / Islamic)
B	(-5 to 6)	Medium	Balanced Fund or Asset Allocation (Conventional / Islamic)
C	(7 to 20)	High	Equity / Stock Fund (Conventional / Islamic)

**Consent:**

I understand and  agree  disagree with the strategies proposed by the 786 IL advisor to achieve my investment goals. Further, I will notify the adviser of any changes in my information, risk tolerance, goals or investments. I further declare that my financial needs may change over time and I shall be solely responsible for all my current and future investment, conversion and transfer transactions if these transactions are not in accordance with my above mentioned risk profiling results.

**FATCA Checklist**

**For Individual & Joint Account Holders (Please write clearly using BLOCK LETTERS)**

\*If any of the below is selected as "YES" then kindly provide country specific supporting documents with details

S#	Particulars	Primary Applicant	Joint Applicant 1	Joint Applicant 2	Joint Applicant 3
1	Full Name First Middle Last	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
2	Country of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Do you have Multiple Nationalities/Passports?	<input type="checkbox"/> Yes <input type="checkbox"/> No Nat 1: <input type="text"/> Nat 2: <input type="text"/> Nat 3: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Nat 1: <input type="text"/> Nat 2: <input type="text"/> Nat 3: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Nat 1: <input type="text"/> Nat 2: <input type="text"/> Nat 3: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Nat 1: <input type="text"/> Nat 2: <input type="text"/> Nat 3: <input type="text"/>
4	Do you currently hold US Green Card or US permanent residency?	<input type="checkbox"/> Yes <input type="checkbox"/> No Card# <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Card# <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Card# <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Card# <input type="text"/>
5	Are you a Tax Resident in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Overseas / Care -of Mailing Address & fone No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7	Have you renounced your foreign citizenship or residency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Have you given Power of Attorney to any Person residing overseas? Please provide Attorney's Address:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9	Have you given any standing instruction to transfer funds to an account in US?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	W8BEN /W9 Forms submitted with date of Submission.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>

- a. If you are a US National or hold a Green Card, please submit W9 Form in original.
- b. If you are not a US resident and were born in the US but have renounced your citizenship, please provide W-8BEN Form in original.
- c. For Entities please submit W-8BEN-E Form in original
- d. If you have stayed in US for more than 183 days in a US tax year, please submit W9 Form in original

Note: S.No. 5 & 6 apply if customer holds a DualNationality or a permanent Residence card.

## Declaration

Declaration: I/We the undersigned, hereby declare that the above mentioned information and supporting documents are correct, complete and up-to-date to the best of my/our knowledge and I/We shall immediately update the Management Company if there is any change in such information. I/We hereby assure to the Management Company that the proceeds invested in Fund(s) / managed accounts are not derived from money laundering or illegal activities and the source(s) of the funds declared in this Form is true and correct to the best of my / our knowledge I also confirm having read and understood the Trust Deeds, Offering Documents, Supplemental Trust Deeds, and Supplemental Offering Documents that govern the transactions and further acknowledge understanding of the risks involved in mutual funds.

Subject to applicable local laws, I/We hereby consent for 786 Investments Limited (786 IL), to share my/our personal information with respect to any of my/our accounts with the 786 IL directly or individually with the Overseas Regulators or Tax Authorities where necessary to establish my/our tax liability in any jurisdiction.

I/We hereby undertake to comply with and act in accordance with all requirements the 786 IL makes from time to time and any direction given to me/us by the 786 IL in relation therewith. I/We undertake to provide the 786 IL with any undertakings and/or declarations including signing any and all forms, within the specified timeframe, which in the opinion of the 786 IL are necessary and appropriate. In case I/we cease or fail to comply with 786 IL 's requirements or cease or fail for whatsoever reason to provide any necessary undertaking or declaration or fail to sign any required forms as set out above the 786 IL shall have the right at its own discretion to close and terminate the account/relationship.

### Applicant's Signature as per CNIC

### Applicant's Signature to operate this account

Primary Applicant

Joint Applicant One

Joint Applicant Two

Joint Applicant Three

Applicant's thumb impression is required in case the applicant is unable to sign or has a shaky signature.

A latest photograph must also be submitted.

Photograph	Photograph	Photograph	Branch Manager/Investment Advisor  Attestation	<b>Witnesses</b> Name 1 <input style="width: 100%;" type="text"/> CNIC <input style="width: 100%;" type="text"/> Signature <input style="width: 100%;" type="text"/> Name 2 <input style="width: 100%;" type="text"/> CNIC <input style="width: 100%;" type="text"/> Signature <input style="width: 100%;" type="text"/>
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### DOCUMENT CHECKLIST (PLEASE TICK THE BOX)

Before submitting this form, make sure that following documents are attached. If one or more document are missing, your application may be declined or processed with a delay

- Copy of valid CNIC/Passport of the Principal Account Holder
- Copy of valid CNIC/Passport of the Joint Holder(s) / Guardian / Nominee(s) (if any)
- Zakat Affidavit (in case of Zakat Exemption)
- Child Registration Certificate - (Form-B) (in case of minor only)
- IRS Form W9 (if investor is US National or a Green Card holder)/ IRS Form W8-BEN incase of US Indicia Observed
- Business/Employment Proof

### For Official Use Only

FATCA Status	<input type="checkbox"/> US person	<input type="checkbox"/> Non-US person	<input type="checkbox"/> Recalcitrant	
Customer Risk Classification	<input type="checkbox"/> Low Risk Customer	<input type="checkbox"/> High Risk Customer		
<input type="checkbox"/> Form duly completed	<input type="checkbox"/> Relevant copies and documents attached	User ID	<input style="width: 150px;" type="text"/>	Signature & Stamp  <input style="width: 100px; height: 40px;" type="text"/>
Distributor / Agent Code	<input style="width: 150px;" type="text"/>	Distributor / Agent Name	<input style="width: 150px;" type="text"/>	
Application Processed by	<input style="width: 150px;" type="text"/>	IT Update on	<input style="width: 150px;" type="text"/>	Transaction ID <input style="width: 100px;" type="text"/>

### 786 INVESTMENTS LIMITED

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