

Principal Account Holder's Information

 Form Number:

Name	Mr. / Mrs. / Ms. / M/Js.	CNIC/NICOP / Passport No.	<input type="text"/>
Father's / Husband's / Guardian's Name	<input type="text"/>	Contact No.	<input type="text"/>
Zakat Deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No (If you have selected 'No' please provide CZ-50 form)	Fax	<input type="text"/> NTN <input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Status	<input type="checkbox"/> Resident <input type="checkbox"/> Non Resident
Occupation	<input type="text"/>	Please turn over for Terms & Conditions related to E-Services	
Nationality	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/> dd/mm/yyyy
Address	<input type="text"/>		
City	<input type="text"/>	Country	<input type="text"/>
		Postal Code	<input type="text"/>

Only for Institutional Clients

Name of Contact Person	<input type="text"/>	Designation	<input type="text"/>
Registration / Incorporation No.	<input type="text"/> NTN <input type="text"/>	Tax Exemption	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nature of Business	<input type="checkbox"/> Company (Listed) <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Company (Unlisted) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> NGO <input type="checkbox"/> Others (Please specify) <input type="text"/>	Source of Funds	<input type="checkbox"/> Business Income <input type="checkbox"/> Other
		(Please specify)	<input type="text"/>
		Parent Company Name (if applicable)	<input type="text"/>
		Ultimate Beneficiary	<input type="text"/>

Bank Account Information

Account Title	<input type="text"/>	Account No.	<input type="text"/>
Bank Name	<input type="text"/>	Branch	<input type="text"/>
Branch Address	<input type="text"/>	City	<input type="text"/>

Joint Account Information

Name Joint Holder 1	Mr. / Mrs. / Ms.	Father's / Husband's / Guardian's Name	<input type="text"/>
CNIC / NICOP / Passport No.	<input type="text"/>		
Name Joint Holder 2	Mr. / Mrs. / Ms.	Father's / Husband's / Guardian's Name	<input type="text"/>
CNIC / NICOP / Passport No.	<input type="text"/>		
Name Joint Holder 3	Mr. / Mrs. / Ms.	Father's / Husband's / Guardian's Name	<input type="text"/>
CNIC / NICOP / Passport No.	<input type="text"/>		
Operating Instructions	<input type="checkbox"/> Principal Account Holder Only <input type="checkbox"/> Jointly by Any two <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Jointly by All	Other	<input type="checkbox"/>
		(Please specify)	<input type="text"/>

Nominee Information

Name	Mr. / Mrs. / Ms.	Name	Mr. / Mrs. / Ms.
CNIC / NICOP / Passport No.	<input type="text"/>	CNIC / NICOP / Passport No.	<input type="text"/>
Relationship with Principal A/c Holder	Share % <input type="text"/>	Relationship with Principal A/c Holder	Share % <input type="text"/>

Dividend Mandate
 Please transfer my cash dividend to my bank account Please reinvest my cash dividend

Account Statement Frequency

Account Statement: Upon Activity Daily Weekly Monthly Quarterly Half Yearly Annually On Request Only

Mode of Account Statement Post E-mail

Declaration

I/We hereby acknowledge having read in full and understood the relevant Trust Deeds, Offering Documents and Supplementary Offering Documents if any that govern this transaction and further acknowledge having understood in full the risks involved. I/We also agree to the Terms & Conditions related to E-Services.


<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature (Principal Holder)	Signature (Joint Holder 1)	Signature (Joint Holder 2)	Signature (Joint Holder 3)	Rubber Stamp (Institutional Client only)

For Official Use Only
Distributor / Sub-Distributor / Facilitator

Code	<input type="text"/>	Form No.	<input type="text"/>	Date	<input type="text"/>	Time	<input type="text"/> AM <input type="text"/> PM
Registrar		Form Received	dd/mm/yy	hh/mm	Authorized Person's Name	Signature and Stamp	

Date	<input type="text"/>	Time	<input type="text"/> AM <input type="text"/> PM	Form and Attachment Verified By	<input type="text"/>	Data Input By	<input type="text"/>	Data Verified By	<input type="text"/>	Investor Account No Allotted	<input type="text"/>
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Client Receipt

	Form Received	Received By	<input type="text"/>	Form Number	<input type="text"/>
Date	<input type="text"/> dd/mm/yy	Signature of Authorized Person	<input type="text"/>		
Time	<input type="text"/> AM <input type="text"/> PM			Stamp of Transaction Location	<input type="text"/>
	hh/mm				

Please read the guidelines below before completing this form

General Instructions

- ♥ Please fill this form in BLOCK LETTERS.
- ♥ Upon completion and submission of this form you will be provided a receipt, please retain and ensure that it is signed and stamped by the TL (Transaction Location) representative.
- ♥ It is the responsibility of the client(s) to pay all stamp duties, taxes, and processing charges (if any) upon submission of this form.
- ♥ For additional details please refer to the Offering Documents or call us at +92.21.111-LAKSON (111-525-766).

Detailed Instructions

Principal Account Holder Information

- ♥ Please provide either (a) your CNIC / NICOP or (b) your passport number.
- ♥ If you have selected NO in Zakat Deduction please ensure that you provide a CZ-50 form to support your instruction.

Only for Institutional Clients

- ♥ Please provide NTN and Registration / Incorporation Number.
- ♥ If you have selected OTHER in Nature of Business please specify in the space provided.

Bank Account Information

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

Joint Holder Information

- ♥ In the case of institutions, this section shall be used for authorized signatories and the respective institution's stamp.
- ♥ If more than three authorized signatories, please use additional form.

Nominee Information

- ♥ This section is not applicable in the case of institutions and Joint 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 Units.

Dividend Mandate

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

Declaration

- ♥ Signature of the Principal Account Holder and / or of All Joint Holders is required.
- ♥ Signatories are required to sign the declaration in the sequence indicated below the signature space provided.
- ♥ In the case of Institution / Trust / NGO etc. company stamp is required.

E-Services - Terms & Conditions

By providing my/our E-mail address I/We certify that I/we have the power and authority to establish this account (and the features and services requested and that the authorization hereon shall continue until any written notice of a modification or a termination signed by all appropriate parties). I/We hereby accept that the company may at any time in the future require verification before processing any requested transaction in this account; the verification procedures may include recording instructions, requiring certain identifying information before acting upon instructions and sending written confirmations (With respect to the E-Services offered by the company, I/we waive and discharge the company fully from any delay due to breakdown or malfunction of such services, beyond reasonable control of the company, and understand that the company may at its absolute discretion, discontinue any of the services completely or partially without any notice to me/us). The above is further without prejudice to the rights of the Company to keep itself completely absolved from responsibility from any misuse of the facility originating from the client or from any other source beyond the control of Management or its dealing staff/personnel.

Daily NAV Transmission E-mail SMS E - Account Statement Lakson Outlook (Fund Manger Report)
 E-Redemption Facility (For Retail Investors) Online Account Statement Access

Required / Support Documents

Institutions

- Memorandum and Articles of Association.
- Certificate of Incorporation.
- List of Authorized Signatories / Directors.
- Computerized National Identification Card (CNIC) / National Identification Card for Overseas Pakistanis (NICOP) of all Authorized Signatories.
- Latest Financial / Audited Accounts.
- Board Resolution authorizing investment.
- NTN Certificate.
- Tax and / or Zakat Exemption Certificate.
- Other incorporation documents (if requested).
- Bye-laws.

Individuals

- Copy of Computerized National Identification Card (CNIC) / National Identification Card for Overseas Pakistanis (NICOP) or Passport of all Joint Holder(s).
- Zakat Declaration Form (CZ-50) for all signatories.
- Copy of Computerized National Identification Card (CNIC) of Nominee(s).