

**Principal Account Holder's Information**

Form Number:

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

**Only for Institutional Clients**

Name of Contact Person		Designation	
Registration / Incorporation No.	NTN	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"/> Others	
	<input type="checkbox"/> Company (Unlisted) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> NGO	(Please specify)	

**Bank Account Information**

Account Title		Account No.	
Bank Name		Branch	
Branch Address		City	

**Joint Account Information**

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

**Nominee Information**

Name	Mr. / Mrs. / Ms.	Name	Mr. / Mrs. / Ms.
CNIC / NICOP / Passport No.		CNIC / NICOP / Passport No.	
Relationship with Principal A/c Holder	Share %	Relationship with Principal A/c Holder	Share %

**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.

Signature (Principal Holder)	Signature (Joint Holder 1)	Signature (Joint Holder 2)	Signature (Joint Holder 3)	Rubber Stamp (Institutional Client only)
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**For Official Use Only**
**Distributor / Sub-Distributor / Facilitator**

Code	Form No.	Date	Time	AM PM
Form Received	dd/mm/yy	hh/mm	Authorized Person's Name	Signature and Stamp
Date	Time	AM PM	Form and Attachment Verified By	Data Input By
Form Received	dd/mm/yy	hh/mm	Data Verified By	Investor Account No Allotted

**Client Receipt**

Form Received	Received By	Form Number
Date		
Time	Signature of Authorized Person	Stamp of Transaction Location
AM PM		
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).