

HBL

ASSET MANAGEMENT LTD.
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Account Opening Form (For Individuals Only)

General Instructions

1. ALL FIELDS ARE MANDATORY EXCEPT FOR OFFICIAL USE ONLY.

- 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.
- Please tick in the appropriate box where applicable, otherwise mark N/A (Not Applicable).
- It is the responsibility of the applicant to understand the general instructions, terms and conditions in this form.
- All cheques should be made in favour of CDC Trustee HBL (Name of Fund). WE DO NOT ACCEPT CASH.
- Redemption proceeds will be made to the bank or in bank accounts as updated by investor through service request form.
- 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 - HBL AMC

Type of Account Individual Joint Minor

Purpose and Intended nature of business Investment & Savings

Personal Information - Principal Applicant

Account Title (as per CNIC) _____

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

Father/Husband Name _____ Date of Birth Nationality _____

Town or City of Birth _____ Country of Birth _____

CNIC/NICOP No.

CNIC/NICOP Expiry

Passport No. (For Foreign Nationals Only) _____ Zakat Deduction Yes No (If 'No' please attach Zakat affidavit CZ-50)

Mailing Address _____

 _____ City _____ Country _____ Postal Code _____

Current Residence Address _____

 _____ City _____ Country _____ Postal Code _____

Tel. (Res) _____ Tel. (Off) _____ Fax _____

Email(s) (IN BLOCK LETTERS) _____ Mobile _____

- *Please ensure email address and mobile number is correct and active because it will be used to contact you or to facilitate you to access your account information through online portal or transmit financial statements of respective funds. Please ensure that Mobile Number Undertaking attached with this form is signed by you.
- Belongs to Me
 Belongs to my Family Member
 Provided by Employer

Bank Account Details

Bank Name _____ Account Number/IBAN _____

Branch Name & Address _____ City _____

Other Instructions/Information

- Frequency of Account Statement Monthly Quarterly Semi-annually* Through Email *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)

In case Principal Applicant is Minor

Name of Guardian _____ Relation with Minor _____

CNIC/NICOP No.

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 AML/CFT laws reference and other regulatory requirements.

- Residential Status Resident Non-Resident Foreign National
- Occupation Govt. Employee Businessman Private Service Housewife Student Retired Professional
 Lawyer Accountant Tax Consultant Real Estate Others (Please specify) _____

In case of Housewife/Student, please specify dependency on _____

Designation _____ Department _____

Organisation/Employer Name _____

Total Working Experience (Years) - For Salaried Individuals _____

For Business Only

Nature of Business _____

Geographies Involved Sindh Punjab Balochistan KPK Others (Please specify) _____

Types of Counter Parties Individual NPO / Trust Business Others (Please specify) _____

Age of Business in Years - For Business 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 Rental Income Gift

Inheritance Stock/Investments Other (Please specify) _____

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

Possible mode of transactions Online & Physical

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

Do you deal high value items such as precious metal and real estate No Yes (specify) _____

Expected amount of investment in a year (Rupees) _____

Expected number of investment transactions in a year _____

Ultimately Beneficiary of the Investments

Name of Ultimate Beneficiary _____

Relationship of Ultimate Beneficiary with Investor _____

CNIC/NICOP/Passport No. of the Ultimate Beneficiary _____

Note: Ultimate beneficiary is not nominee of the customer. Ultimate beneficiary is an individual who has any legitimate relationship with the customer and providing funds for investment purposes. If you do not disclose the ultimate beneficiary, we will assume that you are the ultimate beneficial owner of the funds invested.

Next of Kin

Name _____ Relationship _____

CNIC/NICOP No. _____ Contact No. _____

Personal Information - Joint Applicant One

Name _____ Relation with Primary Applicant _____

Residential Address _____

Mailing Address _____ Date of Birth

Town or City of Birth _____ Country of Birth _____

CNIC/NICOP No. _____ CNIC/NICOP Expiry

Tel. (Res) _____ Tel. (Off) _____ Fax _____

Email(s) (IN BLOCK LETTERS) _____ Mobile _____

Residential Status Resident Non-Resident Foreign National

Occupation Govt. Employee Businessman Private Service Housewife Student Retired Professional

Lawyer Accountant Tax Consultant Real Estate Others (Please specify) _____

In case of Housewife/Student, please specify dependency on _____

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 Rental Income Gift

Inheritance Stock/Investments Other (Please specify) _____

Personal Information - Joint Applicant Two

Name _____ Relation with Primary Applicant _____

Residential Address _____

Mailing Address _____ Date of Birth

Town or City of Birth _____ Country of Birth _____

CNIC/NICOP No. _____ CNIC/NICOP Expiry

Tel. (Res) _____ Tel. (Off) _____ Fax _____

Email(s) (IN BLOCK LETTERS) _____ Mobile _____

Residential Status Resident Non-Resident Foreign National
Occupation Govt. Employee Businessman Private Service Housewife Student Retired Professional
 Lawyer Accountant Tax Consultant Real Estate Others (Please specify) _____
In case of Housewife/Student, please specify dependency on _____

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 Rental Income Gift
 Inheritance Stock/Investments Other (Please specify) _____

Personal Information - Joint Applicant Three

Name _____ Relation with Primary Applicant _____
Residential Address _____
Mailing Address _____ Date of Birth
Town or City of Birth _____ Country of Birth _____
CNIC/NICOP No.
CNIC/NICOP Expiry
Tel. (Res) _____ Tel. (Off) _____ Fax _____
Email(s) (IN BLOCK LETTERS) _____ Mobile _____

Residential Status Resident Non-Resident Foreign National
Occupation Govt. Employee Businessman Private Service Housewife Student Retired Professional
 Lawyer Accountant Tax Consultant Real Estate Others (Please specify) _____
In case of Housewife/Student, please specify dependency on _____

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 Rental Income Gift
 Inheritance Stock/Investments Other (Please specify) _____

Undertaking - Mobile Phone

I, _____, hereby declare that the mobile number _____ provided to HBL Asset Management Company (HBL AML) is accurate and belongs to me or rather to my family member or has been provided by my company, I shall be solely responsible for all communications conducted by HBL AML via this number. I agree to indemnify and hold HBL AML harmless from any and all claims, losses, damages, or liabilities arising from such communications.

I understand that HBL AML relies on the accuracy of the mobile number provided by me for all the required communications. I agree to promptly update HBL AML of any changes to my mobile number.

By providing my signature below, I acknowledge that I have read, understood, and agreed to the terms of this disclaimer and undertaking.

Principal Signatory _____ Signature Joint-1 _____
Investor's Name _____ Investor's Name _____
Signature Joint-2 _____ Signature Joint-3 _____
Name _____ Name _____

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. No.	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"/>			
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			
6	Overseas/Care-of mailing address & Phone No.	<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			
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="checkbox"/> Yes <input type="checkbox"/> No <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="checkbox"/> Yes <input type="checkbox"/> No <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			
10	W8BEN/W9 Forms submitted with Date of Submission	<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. Nos. 5 & 6 apply if customer holds a Dual Nationality or a Permanent Residence Card.

Declaration

I/We hereby confirm that all information provided in this form is correct to the best of my/our knowledge and the documents submitted along with this application are genuine. I/We also confirm having read and understood the Trust Deeds and Offering Documents that govern the transactions and in particular the risks disclosures. I/We confirm that I/we have understood the details of Sales Load to be deducted including taxes thereon as well as the advice given in the Risk Profile section.

I/We hereby permit HBL AMC, subject to applicable local laws, to share my/our information with domestic or overseas regulators or tax authorities where necessary to establish my/our tax liability in any jurisdiction. Where required by domestic or overseas regulators or tax authorities, I/we further agree that HBL AMC may withhold from my/our account(s) such amount as may be required according to applicable laws, regulation and directives. I/We will indemnify and hold harmless HBL AMC from any loss, action, cost, expense (including, but not limited to sums paid in settlement of claims, reasonable attorneys' and consultant fees, and expert fees), claim, damages, or liability which arises or is incurred by HBL AMC in discharging its obligations under FATCA/CRS as a result of disclosures to external tax authorities.

I/We undertake to notify HBL AMC within 30 calendar days if there is a change in any information which I/we have provided to HBL AMC. I/We understand and accept that HBL AMC reserves the right to close or suspend my/our account, without prior notice, if required document/information is not submitted within a stipulated time.

Applicant's Signature as per CNIC

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Applicant's Signature to operate this account

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Primary Applicant

Joint Applicant One

Joint Applicant Two

Joint Applicant Three

Capacity

- a. If you are not the Account Holder, please indicate the CAPACITY for signing the form.
 b. In case signing under the CAPACITY of Power of Attorney, please obtain the certified copy of Power of Attorney.

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
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Witnesses

Name 1	
CNIC	
Signature	
Name 2	
CNIC	
Signature	

DOCUMENT CHECKLIST (PLEASE TICK THE BOX)

Before submitting this form, make sure that following documents are attached. If one or more document(s) is/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)/ultimate beneficiary (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 in case of US Indicia Observed
- Business/Employment Proof (Employer Certificate or Salary Slip or Employment Card or Business Letterhead or Pension Book/Employer Letter in case of Retried or any other document justifying occupation and source of funds of the investor)

For Official Use Only

FATCA Status	<input type="checkbox"/> US Person	<input type="checkbox"/> Non-US Person	<input type="checkbox"/> Recalcitrant	CRS Status	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Customer Risk Classification	<input type="checkbox"/> Low Risk Customer	<input type="checkbox"/> High Risk Customer		(If "Yes" write Country Name)			
<input type="checkbox"/> Form duly completed	<input type="checkbox"/> Relevant copies and documents attached	User ID			Signature & Stamp		
Distributor/Agent Code		Distributor/Agent Name					For Distributor Mandatory
Application Processed by		Transaction ID					

Please read these instructions before completing the form

Under the CRS, you are required to determine where you are 'tax resident'. Each jurisdiction has its own rules for defining tax residency. In general, cause you to be resident elsewhere or resident in more than one country/jurisdiction at the same time (dual residency). If you are tax resident outside the country where your account is held we may need to give the national tax authority this information, along with information relating to your accounts. That your information may also be shared between different countries' tax authorities.

Who should complete this form

This form is applicable for Individual Account Holder, Sole Proprietor & Single Member Private Limited. For Joint or Multiple Account Holders, each individual is required to complete this form.

Where you need to self-certify on behalf of an Entity Account Holder, do not use this form. Instead, you will need to fill the "Entity CRS Self Certification Form". Similarly, if you are a controlling person of an entity, please fill in the "CRS Self Certification Form - Controlling Person" instead of this form.

Further Information

If you have any questions on defining your tax residency status, please consult your external adviser(s).

You can also find out more information on Common Reporting Standard on the website of Federal Board of Revenue, accessible at the following link: <http://www.fbr.gov.pk>

You can find summaries of defined terms, and other terms, in the Appendix available with branch.

Disclaimer: Nothing in this form shall be construed to mean provision of any legal or tax advice by HBL AMC.

CNIC/PP/NICOP/PO
/SNIC/ARC

Do you hold tax residency of any country/jurisdiction other than Pakistan and/or United States*

 Yes No

Authorised Signature

In case of 'Yes', you are required to complete this form.

In case of 'No', you are no longer required to complete this form.

Part 1 – Identification of Account Holder

A. Name of Account Holder*

Family Name or Surname(s)*

Title

First or Given Name*

Middle Name(s)

B. Current Residential Address

House/Apartment/Suite
Name, Number, Street

Town/City/Province/
County/State*
Country*

Postal Code/Zip Code (if any)

P.O. Box (if any)

C. Mailing Address

(Please only complete if different to the address shown in Section B)

House/Apartment/Suite
Name, Number, Street

Town/City/Province/
County/State*
Country*

Postal Code/Zip Code (if any)

P.O. Box (if any)

D. Date of Birth*

E. Place of Birth*

D D M M Y Y Y Y

Town or City of Birth

Country of Birth

Part 2 – Country of Tax Residence and Taxpayer Identification Number (TIN)*

Please fill-in the country(ies) details below:

	Name of Country of Tax Residence	Taxpayer Identification Number (TIN)	If no TIN is available mention Reason A, B or C
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Additional Country(ies) of Tax Residency (if any) to be listed in a separate sheet of paper. If your Taxpayer Identification Number (TIN) or equivalent number is unavailable, please provide the appropriate Reason A, B or C where indicated below:

- Reason A The country where the Account Holder is resident does not issue TINs to its residents.
- Reason B The Account Holder is otherwise unable to obtain a TIN (please explain why Account Holder is unable to obtain a TIN in the below table if you have selected this reason).
- Reason C No TIN is required (Note: only select this reason if the authorities of the country of residence for tax purposes entered above do not require the TIN to be disclosed).

Please explain in the following relevant number box, why you are unable to obtain a TIN if you mentioned "Reason B" above.

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>

Part 3 – Declaration and Signature*

I/We understand that the information supplied by me/us is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with HBL AMC setting out how HBL AMC may use and share this information supplied by me/us. I/We acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided either directly or indirectly to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

I/We certify that I/we am/are the Account Holder (or I/we am/are authorised to sign for the Account Holder) in respect of all the account(s) to which this form relates. I/We hereby declare and confirm that all information provided in this Self Certification Form is to the best of my/our knowledge and belief, correct, accurate and complete in all respects.

I/We hereby indemnify and hold HBL AMC and its directors, officers, representatives and employees harmless from all costs, expenses, losses, damages, liability, penalties incurred, suffered and/or imposed on HBL AMC as a result of any suits, proceedings and/or litigation arising out of or in any manner connected with this Self-Certification Form and/or the information supplied hereby. In case of change in any information provided through this form, I/we undertake to immediately notify HBL AMC of the same and provide an updated Self-Certification Form to HBL AMC within thirty (30) days.

Name

Signature

Date

D D M M Y Y Y Y

Note: If you are not the Account Holder, please indicate the capacity in which you are signing the form. If signing under a Power of Attorney please also attach a certified copy of the Power of Attorney.

Capacity*

Recommended Strategy

Options	Score	Risk Level	Fund Type*
A	(-16 to -6)	Low/Very Low	Money Market Fund / Fixed Rate Fund (Conventional/Islamic)
B	(-5 to 6)	Medium	Income Fund (Conventional/Islamic)
C	(7 to 16)	High	Balanced Fund or Asset Allocation (Conventional/Islamic) Equity/Stock (Conventional/Islamic)

Consent:

I/We understand and agree disagree with the strategies proposed by the HBL AMC advisor to achieve my/our investment goals.
I/We have read and understood the relevant Trust Deeds, Offering Documents (including any supplemental documents), Risk Profile table and understood associated risks.

Further, I/we notify the advisor of any changes in my/our information, risk tolerance goals or investments.

I/We further declare that my/our financial needs may change over time and I/we shall be solely responsible for all my/our current and future investment, conversion and transfer transactions if these transactions are not in accordance with my/our abovementioned risk profiling results.

S. No.	Fund Name	Funds Category	Risk Profile	Risk of Principal Erosion
1	HBL Mehfooz Munafa Fund	Fixed Rate/Return	Very Low	Principal at very low risk
2	HBL Cash Fund	Money Market	Low	Principal at low risk
3	HBL Money Market Fund	Money Market	Low	Principal at low risk
4	HBL Islamic Money Market Fund	Shariah Compliant Money Market	Low	Principal at low risk
5	HBL Islamic Savings Fund	Shariah Compliant Money Market	Low	Principal at low risk
6	HBL Income Fund	Income	Medium	Principal at medium risk
7	HBL Financial Sector Income Fund - Plan I	Income	Medium	Principal at medium risk
8	HBL Islamic Income Fund	Shariah Compliant Income	Medium	Principal at medium risk
9	HBL Government Securities Fund	Income	Medium	Principal at medium risk
10	HBL Stock Fund	Equity	High	Principal at high risk
11	HBL Islamic Stock Fund	Shariah Compliant Equity	High	Principal at high risk
12	HBL Equity Fund	Equity	High	Principal at high risk
13	HBL Islamic Equity Fund	Shariah Compliant Equity	High	Principal at high risk
14	HBL Energy Fund	Equity	High	Principal at high risk
15	HBL Growth Fund	Equity	High	Principal at high risk
16	HBL Investment Fund	Equity	High	Principal at high risk
17	HBL Multi Asset Fund	Balanced Scheme	High	Principal at high risk
18	HBL Islamic Asset Allocation Fund	Shariah Complaint Asset Allocation Scheme	High	Principal at high risk
19	HBL Islamic Fixed Term Fund	Shariah Complaint Fixed Rate/Return	Moderate	Principal at Moderate risk

"The above Risk Profile table is given as per the requirement of SECP Circular 6 of 2022 dated June 09th, 2022 "Requirements for assessing Suitability and risk categorization of collective investment schemes"

Undertaking

I/We hereby indemnify that the decision to make investment in Low/Medium/High Risk Funds is solely undertaken at my/our own discretion, and none of the employees or representatives of HBL AMC has convinced/forced to undertake the aforesaid investment. I/We have read and understood the relevant Trust Deeds, Offering Documents (including any supplemental documents), Risk Profile Table and understand the associated risks. I/We have understood that past performance is not necessarily indicative of future results and HBL AMC, its officer, representative and employee does not provide any guaranteed return or assurance of minimum profit/return. Except where expressly stated in offering document, HBL AMC does not promise capital protection in any fund/plan. I/We fully understand that gain/loss on investment is completely dependent on market fluctuation/movement of price/yield of underlying instruments. I/We am/are entirely responsible and able to bear loss (if any) incurred as a result of above investment decision. I/We agree that HBL AMC is not liable to compensate in the event of loss or dilution in actual investment. I/We have also received and understand Fund Manager Report and/or basic fund information as applicable in respect of related investment scheme(s). I/We understand that I/we can take refund of my/our first investment (Cooling-Off Right for individuals only) within six working days in any Collective Investment Scheme (CIS) managed by HBL AMC on applicable NAV along with Charged Front-end Load (after deduction of any Back-end Load or Contingent Load), if I/we send a written request within three (3) business days from Account Statement issuance date. I/We confirm that I/we have understood the details of Sales Load to be deducted including taxes, as % of NAV. I/We confirm that in case of investment in riskier funds, risk profile of the account is to be assumed accordingly.

اقرارنامہ

میں/ہم بذریعہ ہذا اس بات کی ضمانت دیتا ہوں/دیتے ہیں کہ کم/درمیانے/اعلیٰ ریسک فنڈز میں سرمایہ کاری کرنے کا فیصلہ مکمل طور پر میری/ہماری صوابدید پر کیا گیا ہے اور HBL AMC کے کسی بھی ملازم یا نمائندے نے مذکورہ سرمایہ کاری کرنے پر راضی/مجبور نہیں کیا ہے۔ میں/ہم نے متعلقہ تولیت نامہ، پیشکش کی دستاویزات (کسی بھی اضافی دستاویزات سمیت)، ریسک پروفائل ٹیبل کو پڑھا اور سمجھ لیا ہے اور اس سے وابستہ خطرات کو سمجھتا ہوں/سمجھتے ہیں۔ میں/ہم نے سمجھ لیا ہے کہ ماضی کی کارکردگی لازمی طور پر مستقبل کے نتائج کی مظہر نہیں اور HBL AMC، اس کا افسر، نمائندہ اور ملازم کسی بھی یقینی منافع یا کم سے کم منافع/ریٹرن کی یقین دہانی فراہم نہیں کرتا۔ سوائے جہاں پیشکش دستاویز میں واضح طور پر بیان کیا گیا ہو، HBL AMC کسی بھی فنڈ/پلان میں سرمائے کے تحفظ کا وعدہ نہیں کرتا۔ میں/ہم پوری طرح سمجھتا ہوں/سمجھتے ہیں کہ سرمایہ کاری پر نفع/نقصان مکمل طور پر مارکیٹ کے اتار چڑھاؤ/قیمت کی نقل و حرکت/بنیادی طور پر مذکورہ بالا سرمایہ کاری کے فیصلے کے نتیجے میں ہونے والا نقصان (اگر کوئی ہو)، برداشت کرنے کے ذمہ دار ہیں۔ میں/ہم اقرار کرتا ہوں/کرتے ہیں کہ HBL AMC اصل سرمایہ کاری میں نقصان یا کم ہونے کی صورت میں تلافی کرنے کے لیے ذمہ دار نہیں ہے۔ میں/ہم نے فنڈ مینجر رپورٹ اور ایک فنڈ انفارمیشن بھی وصول کر لی اور سمجھ لی ہے جیسا کہ متعلقہ سرمایہ کاری کی اسکیم/اسکیموں کے سلسلے میں قابل اطلاق ہے۔ اگر میں/ہم اکاؤنٹ اسٹیٹمنٹ کے اجراء کی تاریخ سے تین (3) کاروباری دنوں کے اندر تحریری درخواست بھیجتا ہوں/بھیجتے ہیں تو میں سمجھتا ہوں/سمجھتے ہیں کہ میں/ہم اپنی پہلی سرمایہ کاری (صرف افراد کے لیے Cooling-Off Right) قابل اطلاق NAV پر Charged Front-End لوڈ کے ساتھ (کسی بھی Back-End لوڈ یا ہنگامی لوڈ) HBL AMC کے زیر نگرانی کسی بھی اجتماعی سرمایہ کاری اسکیم (CIS) کو چھ (6) کاروباری ایام کے اندر واپس لے سکتا ہوں/سکتے ہیں۔ میں/ہم اس بات کی تصدیق کرتا ہوں/کرتے ہیں کہ میں نے/ہم نے NAV کی % کے طور پر ٹیکس سمیت کٹوتی کی جانے والی سیلز لوڈ کی تفصیلات کو سمجھ لیا ہے۔ میں/ہم تصدیق کرتا ہوں/کرتے ہیں کہ ریسک والے فنڈز میں سرمایہ کاری کرنے کی صورت میں اکاؤنٹ کے ریسک پروفائل کو اس کے لحاظ سے فرض کیا جاتا ہے۔

Principal Signatory	<input type="text"/>	Signature Joint-1	<input type="text"/>
Investor's Name	<input type="text"/>	Investor's Name	<input type="text"/>
Signature Joint-2	<input type="text"/>	Signature Joint-3	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>

General Instructions

1. WE DO NOT ACCEPT CASH OR BLANK/BEARER CHEQUE / ہم نقد رقم وصول نہیں کرتے
2. Investors are advised to make cheques in favour of CDC Trustee HBL (Name of Fund) only.
3. Mandatory fields*

Date

Folio Number

(for existing investor)

Account Title*

Mr./Mrs./Ms./Messrs

CNIC No.*

This Investment

HBL Fund Name

Amount (Rs.)

Amount in words

Class or Type of Units

 *Growth Income *Growth Income

Income Units: (Please tick one) This option is available for Income and Money Market Funds only and is subject to minimum balance requirement.

- *Flexible Income Plan: Income based on performance of the fund.
- Fixed Income Plan: Income based on requirements of the investor, please specify amount Rs. _____ (Please note that in case of Fixed Income Plan if the income required exceeds income earned on the Fund, the principal invested may deplete over time).

Payment Frequency: (Please tick one)

 **Monthly Quarterly Semi-Annually Annually **Default Option

By choosing income unit I/we hereby authorise HBL AMC to redeem my units to pay my income at regular intervals based on the above instructions.

Instrument Details

Account Title*

Mr./Mrs./Ms./Messrs

Account Number/IBAN*

Bank Name*

Branch Name*

City*

RTGS/Cheque/Online/P.O. No.

Front-End Load Percentage charged: _____

Signature: _____

Note: All taxes as levied under Government Regulations will also be applicable.

Declaration & Signature

I/We, the undersigned, would like to purchase the units of the investment scheme as per the details mentioned above. I/We, hereby indemnify that the decision to make investment in Low/Medium/High Risk Funds has solely undertaken at my/our own discretion, and none of the employees or representatives of HBL AMC has convinced/forced to undertake the aforesaid investment. I/We have read and understood the relevant Trust Deeds, Offering Documents (including any supplemental documents), Risk Profile table* and understand the associated risks. I/We have understood that past performance is not necessarily indicative of future results and HBL AMC, its officer, representative and employee does not provide any guaranteed return or assurance of minimum profit/return. Except where expressly stated in offering document, HBL AMC does not promise capital protection in any fund/plan. I/We fully understand that gain/loss on investment is completely dependent on market fluctuation/movement of price/yield of underlying instruments. I/We am/are entirely responsible and able to bear loss (if any) incurred as a result of above investment decision. I/We agree that HBL AMC is not liable to compensate in the event of loss or dilution in actual investment. I/We have also received and understand Fund Manager Report and/or basic fund information as applicable in respect of related investment scheme(s). I/We understand that I/we can take refund of my/our first investment (Cooling-Off Right for individuals only) within six working days in any collective investment scheme (CIS) managed by HBL AMC on applicable NAV along with charged Front-end Load (after deduction of any Back-end Load or Contingent Load), if I/we send a written request within three (3) business days from Account Statement issuance date. I/We confirm that I/we have understood the details of Sales Load to be deducted including taxes, as % of NAV. I/We confirm that in case of investment in riskier fund, risk profile of the account to be assumed accordingly.

Were you facilitated by our investment advisor/distributor Yes No

Authorised Signatory/Official Stamp

Authorised Signatory/Official Stamp

Authorised Signatory/Official Stamp

Authorised Signatory/Official Stamp

For Official Use Only

 Form duly completed Relevant copies and documents attached

Previous Balance Rs.

Signature &
Stamp

Distributor/Agent Code

Distributor/Agent Name

For Distributor Mandatory

Application Processed by

Transaction ID

Ver. 3/24

*Fund Type & Risk Level

Category of CIS/Plans	Risk Profile	Risk of Principal Erosion
HBL Mehfooz Munafa Fund	Very Low	Principal at very low risk
HBL Cash Fund, HBL Money Market Fund, HBL Islamic Money Market Fund, HBL Islamic Savings Fund	Low	Principal at low risk
HBL Islamic Fixed Term Fund	Moderate	Principal at moderate risk
HBL Income fund, HBL Islamic Income Fund, HBL Financial Sector Income Fund Plan I, HBL Government Securities Fund	Medium	Principal at medium risk
HBL Stock Fund, HBL Multi Asset Fund, HBL Islamic Stock Fund, HBL Equity Fund, HBL Islamic Equity Fund, HBL Energy Fund, HBL Growth Fund, HBL Investment Fund, HBL Islamic Asset Allocation Fund and HBL Islamic Asset Allocation Fund Plan I	High	Principal at high risk

"The above Risk Profile table is given as per the requirement of SECP Circular 6 of 2022 dated June 09th, 2022 "Requirements for assessing Suitability and risk categorization of collective investment schemes"

GUIDELINES

1. Please complete the Investment Request Form in BLOCK LETTERS and write with a ball point pen.
2. This form is required at the time of purchasing units of the respective fund(s).
3. Subject to realisation of payment instrument; units will be allocated on the basis of applicable Net Asset Value (NAV) for the business day on which correctly filled Investment Form has been received (within cutoff times) at Distributor Offices or Authorised Branches or at Head Office of HBL AMC.
4. Upon completion and submission of this form you will be provided a customer's copy duly signed and stamped by the authorised representative.
5. It shall be the responsibility of the applicant to pay all stamp & other duties, taxes and processing charges (if applicable) upon submission of this form.
6. If investment form is received by HBL AMC and/or its distributor after the cutoff time, that transaction will be processed on the next working day and HBL AMC will not be responsible for any loss consequent to processing of investment form on the next working day.
7. If cheque is returned unpaid the application will be rejected.
8. Investor should contact HBL AMC if acknowledgment of investment is not received within 7 working days from investment date.

Account Holder Information

9. In case of existing Unit Holders please specify the Investor ID No. as allotted at the time of account creation.

Investment & Payment Detail

10. All Investment amount to be accepted only in PKR currency.
11. Investor must properly tick mark the option for Type of Units in the form.
12. Minimum Investment (in line with offering document).
13. Payment shall be made through, payee account cheque, pay order, demand draft in favour of "CDC -Trustee [HBL (Name of Fund)]".

Units - Mode of Holding

14. For issuance of Physical Unit Certificate(s), please fill the Service Request Form and enclose it along with investment Form. Please note that Physical Unit Certificate(s) shall be used upon payment of Rs. 100/- per certificate. Unless indicated by the applicant, only Jumbo Certificate shall be issued.

S. No.	Fund Name	Funds Category	Risk Profile	Risk of Principal Erosion
1	HBL Mehfooz Munafa Fund	Fixed Rate/Return	Very Low	Principal at very low risk
2	HBL Cash Fund	Money Market	Low	Principal at low risk
3	HBL Money Market Fund	Money Market	Low	Principal at low risk
4	HBL Islamic Money Market Fund	Shariah Compliant Money Market	Low	Principal at low risk
5	HBL Islamic Savings Fund	Shariah Compliant Money Market	Low	Principal at low risk
6	HBL Income Fund	Income	Medium	Principal at medium risk
7	HBL Financial Sector Income Fund - Plan I	Income	Medium	Principal at medium risk
8	HBL Islamic Income Fund	Shariah Compliant Income	Medium	Principal at medium risk
9	HBL Government Securities Fund	Income	Medium	Principal at medium risk
10	HBL Stock Fund	Equity	High	Principal at high risk
11	HBL Islamic Stock Fund	Shariah Compliant Equity	High	Principal at high risk
12	HBL Equity Fund	Equity	High	Principal at high risk
13	HBL Islamic Equity Fund	Shariah Compliant Equity	High	Principal at high risk
14	HBL Energy Fund	Equity	High	Principal at high risk
15	HBL Growth Fund	Equity	High	Principal at high risk
16	HBL Investment Fund	Equity	High	Principal at high risk
17	HBL Multi Asset Fund	Balanced Scheme	High	Principal at high risk
18	HBL Islamic Asset Allocation Fund	Shariah Complaint Asset Allocation Scheme	High	Principal at high risk
19	HBL Islamic Fixed Term Fund	Shariah Complaint Fixed Rate/Return	Moderate	Principal at Moderate risk

"The above Risk Profile table is given as per the requirement of SECP Circular 6 of 2022 dated June 09th, 2022 "Requirements for assessing Suitability and risk categorization of collective investment schemes"

Provisional Receipt

Deposit Slip No. Received Rs. from for sale of

Name of Bank Branch

Date Signature & Stamp

Units will be allocated on realization of funds



HBL

ASSET MANAGEMENT LTD.

ايسیٹ مینجمنٹ لمیٹڈ