

## INFORMATION ABOUT THE ACCOUNT HOLDER

(Please use BLOCK LETTERS)

Folio / Account No: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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<b>Institutional Category:</b>					
<input type="checkbox"/> Public Ltd.	<input type="checkbox"/> Private Ltd.	<input type="checkbox"/> Commercial Bank	<input type="checkbox"/> Insurance	<input type="checkbox"/> Modarabas	<input type="checkbox"/> Government Institution
<input type="checkbox"/> Entrepreneurship	<input type="checkbox"/> Retirement Scheme	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Welfare / Social Organization	<input type="checkbox"/> Other Financial Institutes	<input type="checkbox"/> Others _____
<b>Account Title:</b>					
<b>Registered / Contact Address:</b>					
<b>NTN No:</b>	<b>Tel. No:</b>	<b>Off. No:</b>	<b>Fax No:</b>		
<b>Country:</b>	<b>City:</b>	<b>Cell No:</b>	<input type="checkbox"/> *Zakat Exemption		
<b>Contact Person (Name and Designation):</b>					<input type="checkbox"/> *Tax Exemption
<b>Email Address(es):</b>					

## BANK DETAILS (For Redemption / Dividend Mandate / Systematic Investment)

<b>Title of Account:</b>	<b>Bank Name:</b>		
<b>Branch Name &amp; Code:</b>	<b>Branch Address:</b>		
<b>International Bank Account No (IBAN):</b>	<b>Instruction For Delivery of Account Statement:</b>	<input type="checkbox"/> By Email	<input type="checkbox"/> By Post

## AUTHORIZED SIGNATORY(IES) INFORMATION

<b>Operating Instructions:</b>	<input type="checkbox"/> Any One Signatory	<input type="checkbox"/> Jointly (By Any Two)	<input type="checkbox"/> Jointly (By All)	<input type="checkbox"/> Other _____
<b>Name (Mr. / Mrs. / Ms.)</b>	<b>CNIC / NICOP / PASSPORT</b>		<b>Authorized Stamp &amp; Signature</b>	

## TYPES OF UNITS

<b>FOR INVESTMENT</b>	
<input type="checkbox"/> <b>Regular Units</b> (Initial Minimum Investment Amount is Rs. 5,000). <input type="checkbox"/> <b>System Withdrawal (Optional)</b> <input type="checkbox"/> <b>Appreciation Option</b> <input type="checkbox"/> <b>Fixed Option</b> System Withdrawal Amount Rs _____ Intervals <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly System Withdrawal Date: _____ (This date will be applicable for every interval)	<input type="checkbox"/> <b>Systematic Investment Units</b> (Minimum Investment Amount shall be Rs. 5,000) Systematic Investment Amount Rs _____ Intervals <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly

## FOR DIVIDEND DISTRIBUTION

<input type="checkbox"/> <b>Type I</b> (Distribution will be made in the form of <b>Bonus Units</b> ) <input type="checkbox"/> <b>Type II</b> (Distribution will be made in the form of <b>Cash</b> )	<b>In Case of Type II Units, Dividend Payment Instructions:</b> <input type="checkbox"/> Re-Invest <input type="checkbox"/> Cash   ( <input type="checkbox"/> By Post <input type="checkbox"/> **Bank Transfer)
<b>DECLARATION</b> I/We hereby acknowledge having read and understood the relevant Trust Deed(s), Offering Document(s) and guidelines that govern this transaction and further acknowledge having understood the risks involved and I/We agree to abide by the terms and conditions therein.	<b>Authorized Stamp &amp; Signature(s)</b>

## FOR OFFICE USE ONLY

<b>DISTRIBUTOR</b>			
<b>Code</b>	<b>Remarks</b>	<b>Authorized Person's Name</b>	<b>Authorized Stamp &amp; Signature</b>
<b>Target (Risk Profile)</b> <input type="checkbox"/> Low Risk <input type="checkbox"/> High Risk			
<b>REGISTRAR</b>			
<b>Form &amp; Attachment Verified By</b>	<b>Data Input By</b>	<b>Data Verified By</b>	<b>Investor Reg. Allotted</b>

\*Please provide certified true copies

\*\*For Bank Transfer Option, Please provide full Bank Details

## GUIDELINES FOR FILLING OUT THE ACCOUNT OPENING FORM - INSTITUTIONAL

This form is a one time requirement for institutions, and is required to be filled out when the Account is opened. Please complete the form in Block Letters with a ball point pen. Make sure that you have read the relevant Trust Deed(s) and Offering Document(s) before filling out this form.

### Information About The Account Holder:

- i) This section requires all the information of the Account Holder.
- ii) Category of the institution is required to be mentioned.

### Bank Details:

- iii) In this section, the details of the bank account of the Account Holder is to be recorded in full. Any error in filling this information may cause delay in transfer of funds to the Account Holder.
- iv) These details shall be used for auto debit redemptions and dividend mandates, where applicable.

### Authorized Signatory(ies) Information:

- v) Institutions shall use this section for authorized signatory(ies) and a rubber stamp of the institution should be affixed for each signatory.

### Types of Units:

- vi) In this section, the Investor is given an option of receiving dividend in cash; however by default the dividend will always be reinvested.
- vii) All Investors shall select the Type of Units for Investment:
  - a. **Regular Units:** Means all except units purchased under systematic investments.  
**Systematic Withdrawal Option for Regular Units:** This allows Unit Holder(s) to redeem from their accounts at specified periodic intervals with two options.  
**Fixed Option:** Enables the Unit Holder(s) to redeem a fixed amount on a monthly, quarterly and half yearly basis.  
**Appreciation Option:** Enables the Unit Holder(s) to redeem an amount equal to a specific % of the periodic appreciation or NAV growth, if any.
  - b. **Systematic Investment Units:** Allows a client to invest small amount of money on a monthly, quarterly or on any other regular basis.
- (viii) All investors shall select the Type of Units for dividend distribution:
  - a. **Type 1:** Units or fractional units which shall receive dividend distribution in the form of bonus units only.
  - b. **Type 2:** Units or fractional units which shall receive dividend distribution in the form of cash only.

### Other Instructions:





- (ix) It is the responsibility of the Account Holder to pay all stamp duties, taxes, processing charges and CDC charges in relation to the registration process, where applicable.
- (x) If an acknowledgement of the investment is not received within 10 working days, the Investor should contact BMA Asset Management Company Limited.
- (xi) Changes in the particulars provided in this form can and only be updated by filling out another Account Opening Form provided by BMA Asset Management Company Limited.

### DOCUMENTS REQUIRED:

- 1. Articles and Memorandum of Association.
- 2. Certificate of Incorporation.
- 3. List of Directors / Trustees / Partners with the copies of their CNIC / NICOP / Passport.
- 4. List of Signatories with the copies of their CNIC / NICOP / Passport.
- 5. Board Resolution (Authorizing Investments).
- 6. Copy of NTN Certificate.
- 7. Tax Exemption Certificate (If any).
- 8. Zakat Exemption Certificate (If any).
- 9. FATCA Form.
- 10. Companies Audited Accounts.
- 11. Other Constitutive Documents.

For further information or any other queries, you are requested to contact our representatives.

### BMA ASSET MANAGEMENT COMPANY LIMITED.

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