

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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Name: (Mr. / Mrs. / Ms. / M/s.) _____

INVESTMENT DETAILS

Fund Name	Amount in Rs.
<input type="checkbox"/> BMA Chundrigar Road Savings Fund	
<input type="checkbox"/> BMA Empress Cash Fund	
Total	

Total Amount in Words: _____

PAYMENT DETAILS

- For investing in BMA Chundrigar Road Savings Fund, payment shall be made in favor of "Trustee - BMA Chundrigar Road Savings Fund".
- For investing in BMA Empress Cash Fund, payment shall be made in favor of "MCFSL Trustee - BMA Empress Cash Fund".

Payment Mode: Cheque Pay Order Demand Draft Standby / Auto Debit

1. Cheque/PO/DD No. : _____	Bank Name & Branch: _____
Amount in Rs. : _____	Amount in Words: _____
2. Cheque/PO/DD No. : _____	Bank Name & Branch: _____
Amount in Rs. : _____	Amount in Words: _____
3. Cheque/PO/DD No. : _____	Bank Name & Branch: _____
Amount in Rs. : _____	Amount in Words: _____

COOLING OFF RIGHTS:

- i) The unit holders have the right to obtain a refund of their first time investment (Cooling off) in a particular open end mutual fund.
- ii) This right is available to individual unit holder only.
- iii) The cooling off period shall comprise of three business days commencing from the date of issuance of initial Account Statement to the unit holder.
- iv) The cooling off right shall be exercised by the unit holder upon written request to the AMC within the time specified in point # (iii).
- v) The refund of every unit held by the unit holder pursuant to the exercise of a cooling off right should be an amount equal to NAV per unit applicable on the date the cooling off right is exercised which is payable within six business days from the receipt of written request.
- vi) AMC shall refund the Front end load (Sales Load) paid by the unit holder, however contingent load (Back end load) will be payable by the unit holder where applicable.

DECLARATION

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.

Signature of Applicant(s) (with rubber stamp in case of Institutional Clients)

FOR OFFICE USE ONLY

DISTRIBUTOR			
Code	Remarks	Authorized Person's Name	Authorized Stamp & Signature
REGISTRAR			
Form & Attachment Verified By	Data Input By	Data Verified By	Investor Reg. Allotted

Received From:	Received on:
Received By:	Authorized Stamp & Signature

GUIDELINES FOR FILLING OUT THE INVESTMENT FORM

This form is common for all categories of investors. 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) In case of an Investment Form being filled by the guardian, on behalf of a minor(s), the name of the minor(s) as well as of the guardian should be written clearly on the Form and the guardian's signature should be recorded in the specified section.

Payment Details:


- ii) Payments shall be made through payees account cheques, debit instructions, pay orders or demand drafts.
- iii) For Investment in BMA Chundrigar Road Savings Fund: Payment is to be made in the favor of "Trustee - BMA Chundrigar Road Savings Fund" and crossed "Payees Account Only".
- iv) For Investment in BMA Empress Cash Fund: Payment is to be made in the favor of "MCFSL Trustee - BMA Empress Cash Fund" and crossed "Payees Account Only".
- v) Cash shall not be acceptable for investing in any fund.
- vi) Instrument number such as cheque number, pay order number, bank draft number where applicable should be clearly mentioned.
- vii) If the cheque(s) is returned unpaid, the application will be rejected.
- viii) In case of Stand-by/ Auto Debit, bank details provided in the Account Opening Form will be used.


Other Instructions:


- ix) For the purpose of operating joint accounts please make sure the Joint Account Holder(s) sign this form as per the options selected in Account Opening Form.
- x) In case of institutions this section shall be used for Authorized Signatory(ies) and rubber stamp should be affixed for each signatory of the institution.
- xi) In case the Account Holder / Joint Account Holder(s) is/are illiterate and cannot sign, then he/she/they must be required to submit clear copy of CNIC with his/her/their thumb impression on it and same would be affixed on the form as well. The form should be authenticated by his/her/their banker.
- xii) It is the responsibility of the Account Holder to pay all stamp duties, taxes, processing charges and CDC charges in relation to this transaction, where applicable.
- xiii) If an acknowledgment of the investment is not received within 10 working days, the investor should contact BMA Asset Management Company Limited.

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

BMA ASSET MANAGEMENT COMPANY LIMITED.

 **111-262-111(Ext: 2086), 021-32465438**

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