

1. INFORMATION ABOUT PRINCIPAL ACCOUNT HOLDER / INSTITUTION

Mr./Ms./Mrs./Messers: _____
 Contact Name (In case of institution): _____
 Mailing Address: _____

 Permanent Address: _____
 City: _____ Country: _____ Tel: _____
 Mobile: _____ Fax: _____ Email: _____

For individual Applicants:
 Name of Father/Husband: _____ CNIC/Passport No.: _____
 Occupation: _____ Name of Guardian (for minor applicant): _____
 Relation with minor: _____ Date of Birth (for minor applicant): _____

Applicant Status:		
<input type="checkbox"/> Individual	<input type="checkbox"/> Company	
<input type="checkbox"/> Retirement Fund	<input type="checkbox"/> Insurance Company	
<input type="checkbox"/> Commercial Bank	<input type="checkbox"/> NBFC	
<input type="checkbox"/> Modaraba	<input type="checkbox"/> Welfare Organization	
<input type="checkbox"/> Other (Specify) _____		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Nationality <input type="checkbox"/> Pakistani <input type="checkbox"/> Non-Resident Pakistani		
<input type="checkbox"/> Other (Specify) _____		
Zakat Exempt	<input type="checkbox"/> Yes <input type="checkbox"/> No	<small>If yes, please provide Affidavit</small>
Income Tax Status	<input type="checkbox"/> Taxable <input type="checkbox"/> Exempt	

2. INFORMATION ABOUT JOINT ACCOUNT HOLDERS (IF ANY) / AUTHORISED SIGNATORIES

First Joint Holder/Signatory

Mr./Ms./Mrs. _____
 Name of Father/Husband: _____
 Address: _____
 Occupation: _____ Date of Birth: _____
 Tel: _____ Fax: _____ Email: _____
 CNIC/Passport No.: _____

Second Joint Holder/Signatory

Mr./Ms./Mrs. _____
 Name of Father/Husband: _____
 Address: _____
 Occupation: _____ Date of Birth: _____
 Tel: _____ Fax: _____ Email: _____
 CNIC/Passport No.: _____

Third Joint Holder/Signatory

Mr./Ms./Mrs. _____
 Name of Father/Husband: _____
 Address: _____
 Occupation: _____ Date of Birth: _____
 Tel: _____ Fax: _____ Email: _____
 CNIC/Passport No.: _____

Signatory only

Mr./Ms./Mrs. _____
 Name of Father/Husband: _____
 Address: _____
 Occupation: _____ Date of Birth: _____
 Tel: _____ Fax: _____ Email: _____
 CNIC/Passport No.: _____

3. INFORMATION ABOUT NOMINEE(S) (Applicable to singly held individual account only)

I nominate the following _____ (state number) person(s) to receive the Units held in my name according to their share in event of my death. I agree and accept that nomination(s), shall not be binding upon the Trustee, the Management Company or their Distribution Company, who may at their sole discretion request for Succession Certificate or any other mandate from an appropriate Court or lawful Authority or an indemnification before releasing the proceeds of my Units to my nominee(s). I further agree that the Trustee, the Distribution Company and/ or the Management Company shall not be liable for any issues/disputes amongst my legal heirs and/ or the nominee(s) arising out of this nomination. The entitlement to a fraction of a Unit may be consolidated and redeemed. The proceeds may be paid to the nominees.

Mr./Ms./Mrs. _____
 Relation with holder: _____ Share % _____
 Name of Father/Husband: _____
 Address: _____
 Tel: _____ Fax: _____ Email: _____
 CNIC/Passport No.: _____ Other ID: (if not CNIC no.) _____

Mr./Ms./Mrs. _____
 Relation with holder: _____ Share % _____
 Name of Father/Husband: _____
 Address: _____
 Tel: _____ Fax: _____ Email: _____
 CNIC/Passport No.: _____ Other ID: (if not CNIC no.) _____

In case of more than two nominees, please attach a separate list with details.



4. INSTRUCTIONS

1. Account Operating Instructions (In case of institution, signature should be accompanied by rubber stamp)

- Principal A/c. Holder Only Anyone Jointly by any two Jointly by all

2. Redemption Payment Instructions

- Send cheque to registered address
 Send cheque to Bank (If Bank option is selected, please provide the following information):

Bank Name: _____

Branch Name: _____

Bank Address: _____

Account Number: _____

3. Dividend Payment Instructions

- Reinvestment Cash

4. Bonus Encashment Instructions

- Please tick if you desire to cash bonus units on the day following the date of allotment

5. Instruction for delivery of Account Statements

- By E-Mail/Web By Post

Frequency- Monthly Quarterly Annually Don't Send

6. Other Instructions

- a) Please send monthly newsletter by E-Mail Hard Copy Both Don't Send

- b) Please send me daily prices by E-Mail Don't Send

5. DECLARATION

I/We declare that I am/we are not minor(s). I/We will not claim repatriation from Pakistan of dividend and sale proceeds of the Unit(s) except as permissible under the rules of State Bank of Pakistan or Ministry of Finance, Government of Pakistan. I/We have read the Offering Document(s) of the respective Atlas Fund(s). I/We apply for the Units of the Scheme(s) and I/We agree to abide by the terms, conditions, rules and regulations of the Scheme. I/We confirm to have understood the terms and conditions, investment objectives, strategy, fundamental objectives and risk factor applicable to the respective Atlas Fund(s).

	Name of Applicant(s)/ Signatory	Designation (In case of Institution)	Signature (with Rubber Stamp in case of Institution)
Principal Applicant/Signatory			
First Joint Holder/Signatory			
Second Joint Holder/Signatory			
Third Joint Holder/Signatory			

6. DOCUMENTS REQUIRED (Certified True Copies)

Documents to be submitted at the time of Investment: (Application will not be processed without receipt of all documents as applicable)

Individual Clients	
<input type="checkbox"/> Copy of CNIC of the principal and all the Joint Holders. <input type="checkbox"/> Copy of CNIC of Nominee(s). <input type="checkbox"/> Form-B (Registration Certificate) in case of minor. <input type="checkbox"/> Copy of Zakat Affidavit (Form CZ50) <input type="checkbox"/> Copy of Passport Residence Permit (Incase of overseas Pakistanis and Foreign Investors)	<input type="checkbox"/> List of signatories with copy of their CNIC. <input type="checkbox"/> Board Resolution authorizing Investment <input type="checkbox"/> Memorandum & Articles of Association/By Laws/ Trust Deed <input type="checkbox"/> Power of Attorney or other documents authorizing the Officer(s) <input type="checkbox"/> Other (Please specify)

7. PROVISIONAL RECEIPT (Please make sure to take the receipt with you)

Received from Mr./Mrs./Ms./Messers: _____
 along with the following documents:

Individual Clients	
<input type="checkbox"/> Copy of CNIC of the principal and all the Joint Holders. <input type="checkbox"/> Copy of CNIC of Nominee(s). <input type="checkbox"/> Form-B (Registration Certificate) in case of minor. <input type="checkbox"/> Copy of Zakat Affidavit (Form CZ50) <input type="checkbox"/> Copy of Passport Residence Permit (Incase of overseas Pakistanis and Foreign Investors)	<input type="checkbox"/> List of signatories with copy of their CNIC. <input type="checkbox"/> Board Resolution authorizing Investment <input type="checkbox"/> Memorandum & Articles of Association/By Laws/ Trust Deed <input type="checkbox"/> Power of Attorney or other documents authorizing the Officer(s) <input type="checkbox"/> Other (Please specify)

Authorized Branch (Stamp): _____ Signature: _____