



## RISK PROFILING QUESTIONNAIRE FOR MUTUAL FUNDS INVESTORS

Please fill this form for us to better understand your investment goals according to your needs. On the basis of the information you provide, we can suggest you a customized solution. Please tick the boxes as per your choice.

<b>1</b>	<b>Age (In Yrs.)</b>	<b>2</b>	<b>Marital Status</b>	<b>3</b>	<b>No. of Dependents</b>						
<input type="checkbox"/>	Below 40      6 Points	<input type="checkbox"/>	Single      6 Points	<input type="checkbox"/>	Zero      6 Points						
<input type="checkbox"/>	41-50      3 Points	<input type="checkbox"/>	Married      2 Points	<input type="checkbox"/>	Below Four      3 Points						
<input type="checkbox"/>	51-60      1 Points	<input type="checkbox"/>	Divorced/Widow      0 Points	<input type="checkbox"/>	Four to Seven      1 Points						
<input type="checkbox"/>	Above 60      0 Points			<input type="checkbox"/>	Above Seven      0 Points						
<b>4</b>	<b>Occupation</b>	<b>5</b>	<b>Qualification</b>	<b>6</b>	<b>Your Risk Appetite</b>						
<input type="checkbox"/>	Retired / Unemployed      0 Points	<input type="checkbox"/>	Matriculation or Below      0 Points	<input type="checkbox"/>	Very High      12 Points						
<input type="checkbox"/>	Student/House Wife      1 Points	<input type="checkbox"/>	Intermediate      1 Points	<input type="checkbox"/>	High      10 Points						
<input type="checkbox"/>	Salaried      3 Points	<input type="checkbox"/>	Graduate      2 Points	<input type="checkbox"/>	Moderate      6 Points						
<input type="checkbox"/>	Business/Self Employed      6 Points	<input type="checkbox"/>	Post Graduate      3 Points	<input type="checkbox"/>	Low      4 Points						
<input type="checkbox"/>		<input type="checkbox"/>	Doctorate      4 Points	<input type="checkbox"/>	Very Low      0 Points						
<b>7</b>	<b>Your Investment Objective</b>		<b>8</b>	<b>Your Investment Horizon</b>							
<input type="checkbox"/>	Capital Preservation      4 Points		<input type="checkbox"/>	Short-term (Less than 1 Year)      4 Points							
<input type="checkbox"/>	Capital Preservation & Income      8 Points		<input type="checkbox"/>	Medium-term (1 to 5 Years)      6 Points							
<input type="checkbox"/>	Income and long-term Growth      12 Points		<input type="checkbox"/>	Medium to Long-term (5 to 10 Years)      10 Points							
<input type="checkbox"/>	Capital Growth      14 Points		<input type="checkbox"/>	Long-term (More than 10 Years)      12 Points							
<b>9</b>	<b>Your current level of Investment Knowledge</b>		<b>10</b>	<b>Your current financial position: In a year or so, how secure do you feel your finances will be?</b>							
<input type="checkbox"/>	Little or no knowledge      0 Points		<input type="checkbox"/>	Very Secure      0 Points							
<input type="checkbox"/>	Some Knowledge      2 Points		<input type="checkbox"/>	Somewhat Secure      -2 Points							
<input type="checkbox"/>	Both Knowledgeable and Experienced in investing      4 Points		<input type="checkbox"/>	Not Sure      -4 Points							
			<input type="checkbox"/>	Likely Worse      -8 Points							
<b>SCORING OF RISK PROFILING RESULTS</b>											
Question #	1	2	3	4	5	6	7	8	9	10	Total
Your Score											

	Score	Type of Investor	Risk Profile	Suitable Investment Schemes	Suitable Investment in Funds/Plan
<b>Your Portfolio</b>	0-35	Safety Oriented	Low	Money Market Scheme	Atlas Money Market Fund Atlas Islamic Money Market Fund Atlas Islamic Cash Fund Atlas Liquid Fund
	36-50	Moderate Growth	Medium	Income Fund & Investment Plans	Atlas Sovereign Fund Atlas Income Fund Atlas Islamic Income Fund Atlas Conservative Allocation Islamic Plan
	51+	Growth Oriented	High	Equity	Atlas Stock Market Fund Atlas Islamic Stock Fund Atlas Aggressive Allocation Islamic Plan Atlas Moderate Allocation Islamic Plan

I declare that I understand that this risk profiling questionnaire will help me assess my risk appetite based on the information provided by me. I am aware that my financial needs may change over time depending on my personal and situation objectives. I also understand that this questionnaire does not constitute, in any manner, advice given by the Company. I shall be solely responsible for all my current and future investment, conversion and transfer transactions if these transactions are not in accordance with my above-mentioned risk profiling results. I will not hold the Company liable or responsible for these transactions in any manner. Further, I hereby confirm that all information provided in this form is true to the best of my knowledge.

Name and Signature of Principal / Joint Account Holder(s) (Please also affix stamp in case of Institutional Account)

Name of Sales Person	Name of Regional / Zonal Manager
Signature	Signature