

ATLAS ASSET MANAGEMENT LIMITED
ACCOUNT OPENING FORM
(INDIVIDUALS AND INSTITUTIONS)
(FORM: AAML - 01)

1. INFORMATION ABOUT PRINCIPAL ACCOUNT HOLDER / INSTITUTION

Mr./Ms./Mrs./Messrs:

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 Male Female

Nationality Pakistani Non-Resident Pakistani
 Other (Specify) _____

Zakat Exempt Yes No. If yes, please provide _____ Affidavit

Income Tax Status Taxable Exempt

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

First Joint Holder/Signatory

Name: Mr./Ms./Mrs.

Name of Father/Husband:

Address:

Occupation: _____ Date of Birth: _____

Tel: _____ Fax: _____ Email: _____

CNIC/Passport No.

Second Joint Holder/Signatory

Second Joint Holder/Signatory

Name: Mr./Ms./Mrs.

Name of Father/Husband:

Address:

Occupation: _____ Date of Birth: _____

Tel: _____ Fax: _____ Email: _____

CNIC/Passport No.

Signatory only

Name: 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.

Name: Mr./Ms./Mrs.

Name: Mr./Ms./Mrs.

Relation with holder: _____ Share %

Relation with holder: _____ Share %

Name of Father/Husband:

Name of Father/Husband:

Address:

Address:

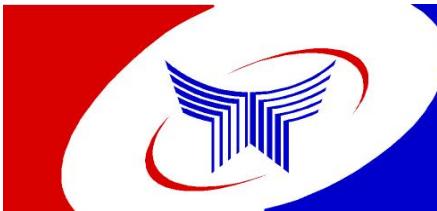
Tel: _____ Fax: _____ Email: _____

Tel: _____ Fax: _____ Email: _____

CNIC/Passport No. Other ID: (if not CNIC No.)

CNIC/Passport No. Other ID: (if not CNIC No.)

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



Atlas Asset Management

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

Authorized Branch (Stamp): _____ Signature: _____



RISK PROFILING QUESTIONNAIRE FOR MUTUAL FUND INVESTOR

1	Your Investment Objective	2	Your Investment Horizon		
<input type="checkbox"/>	Capital Preservation. 4 Points	<input type="checkbox"/>	Short-term (Less than 1 year) 4 Points		
<input type="checkbox"/>	Capital Preservation and 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		
3	Your current level of investment knowledge	4	Your Risk Appetite	5	Your current financial position: In a year or so, how secure do you feel your finances will be?
<input type="checkbox"/>	Little or no knowledge 0 Points	<input type="checkbox"/>	Very High 12 Points	<input type="checkbox"/>	Very Secure 0 Points
<input type="checkbox"/>	Some knowledge 2 Points	<input type="checkbox"/>	High 10 Points	<input type="checkbox"/>	Somewhat Secure -2 Points
Your Portfolio	Both knowledgeable and experienced in investing 4 Points	<input type="checkbox"/>	Moderate 6 Points	<input type="checkbox"/>	Not sure -4 Points
		<input type="checkbox"/>	Low 4 Points	<input type="checkbox"/>	Likely worse -8 Points
		<input type="checkbox"/>	Very Low 0 Points		

SCORING OF RISK PROFILING RESULTS

Question Number	1	2	3	4	5	TOTAL
Your Score						
Your Portfolio	Both knowledgeable and experienced in investing 4 Points	Score	Type of Investor	Suitable Investment in Funds		
		Score 0 - 13	Safety-oriented	Atlas Money Market Funds		
		Score 14 - 20	Balanced Conservative	Atlas Income Funds		
		Score 21 - 30	Moderate-growth	Mix of Atlas Stock Market Fund/Atlas Income Fund, Atlas Islamic Stock Fund/Atlas Islamic Income Fund, Income Multiplier Plan and Balanced Plan.		
		Score 31+	Growth-oriented	Atlas Stock Market Fund, Atlas Islamic Stock Fund, Atlas Gold Fund and Growth Plan.		

- I/ We declare that this risk profiling questionnaire will help me/us assess my/our risk appetite.
- I am/ We are aware that my/our financial needs may change over time.
- I/ We shall be solely/jointly responsible for all my/our current and future investment, conversion and transfer transactions.

	Name of Applicant(s)/Signatory	Designation (In case of Institutional Account)	Signature (Please affix stamp in case of Institutional Account)
Principal Applicant/Signatory			
First Joint Holder/Signatory			
Second Joint Holder/Signatory			
Third Joint Holder/Signatory			

FATCA FORM - INDIVIDUAL ACCOUNT
ANNEXURE – 01

The Foreign Account Tax Compliance Act (FATCA) was signed into U.S. law on March 18, 2010. It is aimed at preventing U.S. taxpayers from using accounts held outside of the U.S. to evade taxes. Any financial institution that fails to comply with FATCA will face a 30% withholding tax on a wide range of U.S. sourced payments to its clients. Under U.S. federal tax law, Atlas Asset Management Limited (AAML) is required to request certain taxpayer information from certain persons who maintain an account at AAML (whether such persons are U.S. taxpayers or not). Information collected will be used solely to fulfill AAML's requirements under U.S. federal tax law and will not be used for any other purpose.

SECTION A

- 1. This section must be completed by any individual who wish to open an account.**
- 2. Please complete this form for Principal account holder only. In case of Minor, the form should be filled by Guardian for himself as well as for the Minor.**

- i. Title of Account (IN BLOCK LETTERS) _____
- ii. CNIC Number _____
- iii. Passport Number _____
- iv. Folio Number (For office use only) _____
- v. Country of tax residence other than Pakistan: None USA Other
- vi. Place of Birth: City _____ State _____ Country _____

S.No.	Please tick '✓' to appropriate check box.		Documentation Required
1.	Are you US citizen?	Yes No	If yes, please provide form W-9.
2.	Are you US resident?	Yes No	
3.	Do you hold a US permanent resident card Green Card?	Yes No	If yes, • Please provide Form W-9, or • In case you claim to be a Non-US Person; please fill Section B of this form and provide Non-US Passport and Certificate of Loss of Nationality (i.e. Form I-407).
4.	Were you born in USA?	Yes No	
5.	Standing instructions to transfer funds to an account maintained in USA.	Yes No	If yes, • Please provide Form W-9, or • In case you claim to be a Non-US Person; please fill Section B of this form supported by other documentary evidence establishing the non-US status.
6.	Do you have any Power of Attorney/ Authorized Signatory/ Mandate holder having US Address?	Yes No	
7.	Do you have US residence/ mailing/ Sole Hold Mail address?	Yes No	If yes, • Please provide Form W-9, or In case you claim to be a Non-US Person; please fill Section B of this form and provide non-US Passport and other documentary evidence establishing the non-US status.
8.	Do you have US telephone number?	Yes No	

SECTION B

This section must be filled by any individual who mark(s) any of the item number 4, 5, 6, 7 & 8 as 'Yes' but claims to be a Non-US Person along with documentary evidence.

I _____ declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct and complete. I further certify that I am not a US Person and will provide Form W-8BEN within 30 calendar days if required by IRS through AAML. I undertake to notify AAML within 30 calendar days if this certification becomes incorrect.

Signature: _____

Declaration:

- I hereby confirm the information provided above is true, accurate and complete.
- Subject to applicable local laws, I hereby consent for AAML to share my information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in any jurisdiction.
- Where required by domestic or overseas regulators or tax authorities, I consent and agree that AAML may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.
- I undertake to notify AAML within 30 calendar days if there is a change in any information which I have provided to AAML.
- I will indemnify and hold harmless AAML 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 AAML in discharging its obligations under FATCA and/or as a result of disclosures to the US tax authorities.

Dated: _____

US Taxpayer Identification Number (in case of US Person): _____

Signature: _____