

ATLAS ASSET MANAGEMENT LIMITED
SAHULAT SARMAKARI ACCOUNT OPENING FORM
(ONLY PAKISTANI INDIVIDUALS WITH NO JOINT ACCOUNTS)
(FORM: AAML - 08)

1. INFORMATION ABOUT ACCOUNT HOLDER

Name (as written on CNIC) Mr./Ms./Mrs.		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Father/Husband Name:		Zakat Deduction:	
Relation with minor:		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No (Please attach Zakat Affidavit)	
Occupation:	Date of Birth	CNIC:	
Address:			
City:	Telephone:		
Mobile:	Email:		

2. INFORMATION ABOUT NOMINEE(S)

Nominees can only be the relatives of the applicant namely spouse / father / mother / brother / sister / son / daughter (including a step / adopted child.)

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:	Email:	Tel:	Email:
CNIC No.	Other ID :(if not CNIC No.)	CNIC	Other ID :(if not CNIC No.)

3. IMPORTANT INFORMATION

COOLING-OFF RIGHT FOR INDIVIDUAL UNIT HOLDERS

All Individual Unit Holders have a right to obtain a refund of their first time investment only (cooling-off right) in a Collective Investment Scheme (CIS). The Unit Holder may exercise cooling-off right within three (3) business days commencing from the date of issuance of Statement of Account (cooling-off period). For this purpose, the Unit Holder shall send a written request to AAML's Head Office. The refund pursuant to the exercise of a cooling-off right shall be paid to the Unit Holder at an amount equal to NAV per unit applicable on the date the cooling-off period is exercised, within six (6) business days of receipt of written request from the Unit Holder.

4. INSTRUCTIONS

1. Investment/Redemption Instructions

Through Online Bank Account
 Through Cheque
Bank Name: _____
Branch Name: _____
Bank Address: _____
Account Number: _____

2. Dividend Payment Instructions

Reinvestment Cash

3. Bonus Encashment Instructions

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

4. Instructions for delivery of Account Statements

By E-mail By Post
Frequency Monthly Quarterly Annually Don't Send

5. 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 SMS Don't Send

5. DECLARATION AND SIGNATURE

I solemnly affirm that my source(s) of income/funds is/are _____. Further, I hereby confirm that all information provided in this form is true to the best of my knowledge.

Account Holder's Signature: _____

6. DOCUMENTS REQUIRED

Documents to be submitted at the time of Investment: (Application will not be processed without receipt of all documents as applicable)
 Copy of valid CNIC of Account Holder. Copy of CNIC of Nominee(s). Form-B (Registration Certificate)/Student Card in case of minor.
 Copy of Zakat Affidavit (Form CZ50)

7. FOR OFFICIAL USE ONLY

I/We _____ (Name of Sales Person(s)/Distributor) hereby confirm that Mr./Mrs./Ms _____ has fulfilled all account opening requirements and I have conducted a session with him/her in person.

Signature of Sales Person(s)/Distributor

Branch/Distributor Stamp