

ATLAS ASSET MANAGEMENT LIMITED

ACCOUNT OPENING FORM
(FOR INDIVIDUAL CLIENTS)



For Office Use Only:	
Folio No: _____	Received Date: _____
Sale No: _____	Offer Price: _____

Name of Fund/Plan: _____

ABOUT YOU

Name: (Information about Principal Account Holder)

Mr. /Mrs. /Ms. _____ Name of Father/Husband: _____

NIC No: (Mandatory) _____ Gender Male Female

Communication: Nationality Pakistani Non-Resident Pakistani Other _____

Full Address with Postal Code: _____ Zakat Exempt Yes No (If yes please provide Affidavit)

Occupation (Please specify): _____

Tel. (Residence): _____ Tel. (Office): _____ Name of Guardian (for minor applicant): _____

Fax: _____ Mobile: _____ Email: _____ Relation with minor: _____

Joint Holders' details: (If Any) Date of Birth (for minor applicant): _____

2. Name: Mr./Mrs./Ms.	3. Name: Mr./Mrs./Ms.	4. Name: Mr./Mrs./Ms.
Name of Father/Husband:	Name of Father/Husband:	Name of Father/Husband:
Address:	Address:	Address:
Occupation: Date of Birth:	Occupation: Date of Birth:	Occupation: Date of Birth:
Tel: Fax:	Tel: Fax:	Tel: Fax:
CNIC#:	CNIC#:	CNIC#:

Instructions to Operate the Account: Principal Account Holder only Anyone All Joint Holders

NOMINATION (Not Applicable In Case of Joint Holding)

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:	Share %	Name:	Share %
Relationship with Holder:	Share %	Relationship with Holder:	Share %
Name of Father/Husband:		Name of Father/Husband:	
Address:		Address:	
CNIC #:	Other ID: (if not CNIC No.)	CNIC #:	Other ID: (if not CNIC No.)
Tel:	Email:	Tel:	Email:
Name:	Share %	Name:	Share %
Relationship with Holder:	Share %	Relationship with Holder:	Share %
Name of Father/Husband:		Name of Father/Husband:	
Address:		Address:	
CNIC #:	Other ID: (if not CNIC No.)	CNIC #:	Other ID: (if not CNIC No.)
Tel:	Email:	Tel:	Email:



INSTRUCTIONS

1. Instructions for Redemption/Transfer Application

- To be signed by First named Joint Holder
- To be signed by all Joint Holders
- To be signed by any one Joint Holder (Either or Survivor)
- Others (please specify): _____

3. Dividend Payment Instructions

- Reinvestment Cash
If cash option is selected, please specify where your dividend warrant should be sent
- Registered Address Bank
If Bank option is selected, please provide the following information:
- Bank Name: _____
- Branch Name: _____
- Branch Address: _____
- Account Number: _____

6. Certificate Instructions

Units will be issued in registered, uncertificated form and will be confirmed by means of an Account Statement issued by the Transfer Agent. Unit Certificate(s) will be issued only if requested and on payment of Rs. 25 per Certificate. Payment of Certificate(s) may be combined with the payment for units. Certificates will not be issued for any administrative plans.

No. of Certificates _____ Denomination _____

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: _____
- Bank Address: _____
- Account Number: _____

4. Bonus Encashment Instructions

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

5. Authorization for distribution of Haram Income (for Islamic Fund only)

- Payment to Authorized Charities Payment to Investor along with dividend

7. 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

DECLARATION AND CONFIRMATION

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) and/or Supplementary Offering Document(s) of the respective administrative plan(s). I/We apply for the Units of the Scheme(s)/Plan(s) and I/We agree to abide by the terms, conditions, rules and regulations of the Scheme/Plan. 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)/Plan(s).

	Name	Signature
First Applicant		
Second Applicant		
Third Applicant		
Fourth Applicant		

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

- Copy of CNIC [National Identity Card(s)]
- Zakat Affidavit (where applicable)
- B Form (incase of minors)
- A copy of Passport Residence Permit
(Incise of overseas Pakistani and Foreign Investors)

INVESTMENT DETAILS

Investment Amount* Rs: _____ Rupees in words: _____

*Certificate charges to be adjusted from investment amount, if separate payment is not enclosed.

Payment shall be made in favor of: "CDC Trustee (name of applicable Fund)" for investment in mutual funds and "CDC-Trustee Atlas Funds" for investment in administrative plans and crossed "Account Payee only"

Mode of Payment: Cheque Pay-order Demand Draft Transfer No: _____

Drawn on (Name of Bank & Branch) _____



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

Received from Mr./Mrs./Ms./Messers:	Sale No:	Authorized Branch:
Name of Fund/Plan:	Date:	(Stamp)
Total Amount Received (Rs.): _____ In words: _____	Authorized Signatory:	
Mode of Payment: Cheque <input type="checkbox"/> Pay-order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Transfer <input type="checkbox"/> No: _____		
Drawn on (Name of Bank & Branch): _____		

along with documents as stated above.