

**NATIONAL FULLERTON ASSET MANAGEMENT LIMITED**  
**ACCOUNT OPENING FORM (INDIVIDUALS AND INSTITUTIONS)**  
**(FORM: NAFA - 01)**



**Date:** \_\_\_\_\_  
 I/We apply for opening of account with NAFA subject to the provisions of the Trust Deeds & Offering Documents of the respective Funds.

**1. INFORMATION ABOUT THE PRINCIPAL ACCOUNT HOLDER (FILL IN BLOCK LETTERS)**

**Applicant Status**  Individual  Company  Pension Fund  Provident Fund  Insurance Company  Commercial Bank  
 Modaraba  Welfare Organization  NBFC  Other (specify) \_\_\_\_\_

Name of Applicant \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Country \_\_\_\_\_ Tel \_\_\_\_\_  
 Mobile \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Zakat Deduction:  
 Yes  No

Income Tax Status  
 Taxable  
 Exempt (attach tax exemption certificate)

**To be filled by individuals only:**  
 Father's / Husband's Name \_\_\_\_\_  
 CNIC / Passport No. \_\_\_\_\_ National Tax No. \_\_\_\_\_  
 Identification No. (For foreign holders only) \_\_\_\_\_  
 Occupation / Profession \_\_\_\_\_ Job Title / Nature of Business \_\_\_\_\_  
 Name & Address of employer / business \_\_\_\_\_  
 Nationality \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Gender  Male  Female Marital Status \_\_\_\_\_

**To be filled by entities other than individuals:**  
 Nature of Business \_\_\_\_\_  
 Incorporation / Registration No. \_\_\_\_\_ National Tax No. \_\_\_\_\_

Free Insurance Option (not valid for Islamic Funds) for Individuals - Primary account holder only:  
 I would like to avail free accidental death and disability insurance coverage up to Rs. 100,000  
 Yes  No

**2. INFORMATION ABOUT JOINT ACCOUNT HOLDERS (IF ANY) / JOINT SIGNATORY (IF ANY) FOR INSTITUTIONAL CLIENTS**

Name	CNIC/Passport No.	Signature
Name	CNIC/Passport No.	Signature
Name	CNIC/Passport No.	Signature

**3. INFORMATION ABOUT NOMINEE(S) (not applicable in case of joint holding)**

Name: Mr./Ms./Mrs.	1.	2.
Relationship with Account Holder	Share	%
Address		
CNIC/Passport No.		

**4. ACCOUNT OPERATING INSTRUCTIONS**

Principal Account Holder Only  Jointly (any two signatories)  Jointly (All)  Either or Survivor  Other Instructions (Attached)

**5. INSTRUCTIONS REGARDING PAYMENTS ON ACCOUNT OF DIVIDEND OR REDEMPTION**

Send Dividend & Redemption cheques to  Registered Address  Bank  
 If bank option is selected, please provide following details:  
 Account Title \_\_\_\_\_  
 Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_ Account No. \_\_\_\_\_

**6. INSTRUCTIONS FOR DELIVERY OF ACCOUNT STATEMENTS**

By E-Mail/Web  By Post  Hold Mail

**7. DECLARATION**

I/We ratify that the information provided in the form is correct.

\_\_\_\_\_  
 Signature-Principal Applicant

\_\_\_\_\_  
 Signature-Joint Applicant 1

\_\_\_\_\_  
 Signature-Joint Applicant 2

\_\_\_\_\_  
 Signature-Joint Applicant 3

**8. DOCUMENTS (Mandatory)**

Please attach the following **attested documents** with your Account Opening Form (check  documents attached)

Individuals:  Copy of CNIC  Copy of Zakat Affidavit (only in case of No Zakat deduction)  
 Tax exemption certificate (if applicable)

Others:  Copy of Incorporation/Registration Certificate  Memorandum and Articles of Association/ Bye Laws/ Trust Deed  
 Power of attorney or Board Resolution (Certified True Copy) authorizing the person(s) signing the form  
 Tax exemption certificate (if applicable)  Copy of CNIC of each authorized signatory  
 Any other, give details \_\_\_\_\_

**9. FOR OFFICE USE ONLY**

NAFA A/c No.			
Account opening Form #	Name of the Distributor/Facilitator/Staff	Authorized Signature	Date

*Distributor's / Facilitator's Copy*