Account Opening Form for Individual CIS & VPS

Principal Account Holder



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	/Husband										T ₁	ccuan	co Dat		1	D		1	S Ma	liden .	Name	:	_		_	D	1,,	T 44	\/	\/	\/	V
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	Nationality: Dual Nationality: No Yes If Yes, please specify: Maling Address:																															
	City: Country: Current Address (as per CNIC):																															
Current	Address	as į	oer CNIC):											Т.	C:1								.			4					
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IN CAS	IN CASE OF MINOR ACCOUNT Name of Guardian:																															
Relation	with Pri	ncip	al:						Gua	ardian	CN	IC:									CN	IC Ex	piry	Date:	D	D	М	М	Υ	Υ	Υ	Υ
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Commun	nication A	ode	e: All cor	nmı	unica	ations	will b	e se	nt el	ectro	nica	ılly. I	f you w	rish to	re	ceiv	e it p	ohysi	icall	ly, ple	ease t	ick n	nark	() Phy	/sica	l Con	nmun	icati	on.			_
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☐ High Volatility with Gold ☐ Medium Volatility with Gold ☐ Low Volatility with Gold																																
☐ Custo	omized Al	oca	tion Sch	eme	-		(0%-1	00%)	Deb	t					((0%-1	100%) Equ	uity		-		(09	%-100%) <i>N</i>	oney	/ Marl	ket		(()%-10	00%)	Gold

Joint Account Holder 1

Joint Account Holder 2

Account Opening Form For Individual CIS & VPS



KYC DETAILS OF PRINCIPAL ACCOU	INT HOLDER	(Mandatory fo	r Compliance as per Regulatory requirements)
Source of Income Business/Sel	lf-Employed 🗆 Salary 🗆 Pensi	, ,	t/Dividend Other
Source of Wealth Inheritance	☐ Remittances ☐ Savin	ngs	<u> </u>
Name of Employer/Business (if Applica	ible):		
Designation:		Nature of Business: In-case of Sole Proprietor only	
Education Undergradua	ate 🗆 Graduate	☐ Postgraduate ☐ Profe	essional Other
Geographies involved Domestic	Sindh □ Punjab □ KPK □ Bal	lochistan Other	International FATF Compliant FATF Non-Compliant
Type of Counter Parties Domestic		lochistan Other	International ☐ FATF Compliant ☐ FATF Non-Compliant
Possible Modes of Transactions	Online Physical Both	Expected No. of Transa	
Expected Turnover in Account	Monthly Rs. or	☐ Annually Rs.	
·		2.5 M to Rs. 5 M	Rs. 5 M to Rs. 10 M Above Rs. 10 M
Annual Income Up to Rs. 1 M	<u>'</u>	3 M to Rs. 6 M ☐ Rs. 6 M to Rs. 8	
Please Select as applicable		Principal	Joint 1 Joint 2
Has any Financial Institution everrefuse	edtoopenyour(customer)account?	No Y	es No Yes No Yes
 Areyou(customer)financiallydepende 	ntor supported by another person?	No Y	es No Yes No Yes
 Doyou (customer) dealinhigh value iter 	· · ·		es No Yes No Yes
Customer's source of Wealth/Income is I	•		es No Yes No Yes
Do you (customer) have any links to offs			es No Yes No Yes
	e you ever been entrusted with any of the following ber or Close Associate are PEP? (PEP definition includes fo		Joint 1 Joint 2
	r politicians, senior government/judicial/m	intituary official	es No Yes No Yes
of grade 20 or above, Senior executive senior management or member of boo	e of state-owned corporations, important ard of international organizations.	political party officials,	
RISK PROFILE DETAILS			(Points Allocated with each category)
Age (in years)	☐ 1. Above 60 ☐ 2. 50-60	3.40-50	☐ 4. Below 40
Risk-Return Tolerance Level	☐ 1. Lower Risk, Lower Returns	☐ 4. Medium Risk, Medium Returns	8. Higher Risk, Higher Returns
Monthly Savings	☐ 2. Rs.1,000-Rs.25,000	□ 3.Rs. 25,000-Rs. 50,000	☐ 4. Above Rs. 50,000
Occupation 1. Retired	☐ 2. Housewife/Student	☐ 3. Salaried	☐ 4. Self Employed / Business
Investment Objective	☐ 2.CashManagement	☐ 4. Monthly Income	☐ 8. Capital Growth/Long Term Savings/Retirement
Your Level of knowledge of Investments an	d Financial markets?	☐ 2. Limited/Basic/Average	☐ 3. Good/Excellent
Investment Horizon	2. Less than 6 months	4.6 months to 1 year	☐ 6. 1 to 3 years ☐ 8. More than 3 years
Add the scores corresponding to above	selected choices and use the table giver	n below to find the ideal investment for	ınd.
	Scores	Investor Portfoli	o Fund
	33-39	Aggressive	Equity
Calculate ideal Portfolio	24-32	Balance	Income (Medium Risk)
	15-23	Stable	Income (Moderate Risk)
	11-14	Conservative	Money Market
NEXT OF KIN (Optional)			
Name			
Contact Number		Relation with Customer	
Address			
BENEFICIARY DETAILS			
If you are acting and investing on be	half of any other person (ultimate be	eneficiary), please provide the follo	wing details of ultimate beneficiary;
Name of Ultimate Beneficiary			
Relation with Customer		CNIC/NICOP/Passport No:	
Please provide copy of CNIC/NICOP/Passp	ort as applicable.		
Note: Ultimate beneficiary is an individual wowner of the invested funds.	hohas any legitimate relationship with the cu	stomer. If you do not disclose the ultimate b	eneficiary, you undertake that you are the ultimate beneficial
Principal Account H	lolder Joir	nt AccountHolder 1	Joint Account Holder 2

Account Opening Form For Individual CIS & VPS



GUIDELINES FOR INVESTORS	Read and Understood			
Ensure that Bank Details, Email Address, Contact Number an Ensure that you have reviewed the Fund Manager Report LIL does not offer any kind of fixed return on investments an You will receive a Welcome Letter on your provided address You will receive an Investment Acknowledgment Letter on you You will receive Daily/Monthly E-Statement on your provided In case of Minor account, it is the responsibility of the succesion-linease of LIPF account or singly operated (CIS) account, the	(FMR). d all the investments are subject to market risk. after materialization of Investment Account. bur provided email address after materialization of Invest I email address (as applicable). ssor (where guardian is deceased) to distribute the shares	among all other legal heirs in lig	nt of applicable Shariah guidelines as per your Fiqha	following.
Note: In case of deficiency observed in any of the above pro- If no deficiency or discrepancy reported, LIL will not be		calling on our UAN 111-LUCKY1	(582-591) or emailing on info@luckyinvestments.c	om.pk
NOTE AND DESIABATION STATEMENTS				
NOTE AND DECLARATION STATEMENTS				
I/We understand and agree that as per my/our Rismy/our discretion. I/We confirm that I/We am/ar which may occur as a result of my/our decision. Documents that govern these investment transact case of investment in LIPF, I have no objection to policy and the allocation policy chosen to invest.	e aware of associated risks with investment in /We further confirm that I/We have read the ions. I/We also confirm having the knowledge	suitable fund category and Trust Deeds, Offering Docu of applicable load percenta	confirm that I/We will not hold LIL respo ments, Supplemental Trust Deeds and Supp ges specified on the second page of the in	nsible for any loss plemental Offering vestment form. In th the investment
ہوں ۔ میں بذریعہ ہذاتصدیق کرتا/ کرتی/ ہوں کہ اس فارم میں فراہم کی جانے والی	-E	(2016)		
ہوں ۔ میں بذرا بعد ہذا تصدیق کرتا / کرتی / ہوں کہ اس فارم میں فراہم کی جانے والی ریابت مرجمے ہے مجنہ صدید کرتی مرتبرے کے اس حد کسر بھی مدرکتی م	ئے عین میں اپنی صوابدید پر سمی اور فنڈ کی عمینیزی میں سر ماہیکاری کر سلما ہوں اسمی ارور کے ان کر بر نہ میں میں ایک کا جنہ میں میں بیٹری میں ایک کا انتہاں میں میں کا ایک کا ایک کا ایک کا ایک کا	ری میرے رسک پروفائل کے بنیاد پر جو یز گیا۔ دور بنتہ میں میں متنفذہ میں سے لگ : لیسمنڈ	راس سے معنی ہوں کہ کلی او مسلس کمینڈ نے جھے فنڈ کی مندرجہ بالا سیمیلر مراس سے معنی ہوں میں علم سے ہوانہ سیحد میں ا	میں جھتا ہوں/ بھتی ہوں او معلی بشر کے معرب معلم
ا طاقت) جھے ایک مضوص فنز کیلیگری تجویز کی ہے لیکن میں کسی بھی اور فنڈ کیلیگری اک صورت میں گئی کو فسدار نمین شھیراؤں گا گی۔	انمینڈ (کلی) نے میرے رسک پروفائل (نقصان برداشت کرے یی کتجاس سے نور جس میں میں معمور میں وضل سے مقد معمور سے نہ میں انتہار	نا/جائی/ ہول اور شعق ہول کہ کلی او مسلم مرمد سام کر برے منتہ مدن میشر خوا رہ	مات کے می <i>رے امیری اسلم کے مطابق چ</i> اور درست ہیں۔ میں اساد اس کھتر اور رسط سر مجھراقہ اور سال قرار رس طور اور درست	معلومات جنمول KYC معلو مدر برارج محذه ا
) ق صورت میں سی سی کو ذرمید داری کی سیم اول کا کری۔ مینکه نام سینیچ سیجی بخد کی آگاہ ہوا	، ہے جو با 56 ہوں اور یں امیرے اسطے کے پینچے تیں ہوئے والے تفصال "کر تاکر کی جوں ک میں رہ یا، کیاری کر فارم کر دور پر صفحہ پر واضح کئے گا	ری بیل سرمانیدہ رق کے بیچے بیل در چیل حظرات رنگ دستاویزارہ برمز ہدل سر میں بھی تصدیق	صار کی اہوں۔ یک میڈی کی تصدیبی سرتا اسری اہوں کہ ان ان فیدیسیے ارموں کی میں کے فرمسر کا ڈیڈنی آفرنگی دستاویز اس جمعی فرمسر کا باز اور آف	ین سرماییکاری کا می حکوظار ملی مزید نصد کق کرتاله کرتی
نے وور پر ج سے جی موجوبات ہوتا ہے۔ بخولی آگاہ موں۔	ں کرتا/ کرتی ہوں کہ بین سر ہاریکاری کے فارم کے دوسرے صفحے پر داختے کے گا فااور میں سر ہاریکاری اور قرم مختص کرنے کی حکمت عملی ہے درمیش خطرات ہے ہیں:	ریک دساویرات پر کھتا ہے۔ میں نیہ کا صفعہ مختص کرنے کی حکمت عملی بر کوئی اعتراض نہیں ہوا	ں ہوں کہ بین سے رحمت و پیررہ سرب و ساویرات ہی رحمت و بیرر اور ہ صورت میں مجھے کمیشن کی جانب سے طے کی جانے والی سر مار کار کی اور رقم	ین تر پیرسکدین کردار کری LIPF میں سر ماریکاری کی
I/We, hereby authorize Lucky Investments Limited to open my/our account. In case any cooperation is reco				when required to
				-
Principal Account Holder	Joint Account Hol For Office Use		Joint Account Holder 2	
APPLICATION CHECK LIST			(to be filled	by Sales Officer)
Individual Copy of CNIC(s) CRS	☐ Business/Employment proof ☐ Health Questionnaire (where appli		akat Declaration (where applicable) ATCA Form	☐ Others
Sales Person's Name (Preparer) D	AO Code Sales Person's S	ignature	Signature and Stamp of Distrib	outor
Manager's Name and Signature (Reviewer)	Name & Signature of Reporting Person	Reporting Date	Signature and Stamp of Transfer	Agent
REMARKS				

FATCA Form - Individual Account



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, Lucky Investments Limited. (LIL) is required to request certain taxpayer information from certain person who maintain an account at LIL(whether such persons are U.S. Taxpayers or not). Information collected will be used solely to fulfill LIL's requirements under U.S. federal tax law and will not be used for any other purpose

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(1) This section must be completed by any individual who value (2) Please complete this form for Principal account holder of	•	ount. the form should be filled by Guardian for himself as well as for the Minor.
A. Title of Account (IN BLOCK LETTERS)		
B. CNIC#:		_
C. Customer ID (for office use only):		
D. Country of tax residence other than Pakistan:	None USA	Other
E. Place of Birth: City State	e	Country
Please tick (✓) on appropriate check box		Documentation Required
1. Are you a US Citizen	☐ Yes ☐ No	
2. Are you a US Resident?	☐ Yes ☐ No	If yes, please provide Form W-9.
Do you hold a US Permanent Resident Card (Green Card)?	☐ Yes ☐ No	
4. Were you born 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 and provide Non-US Passport and Certificate of Loss of Nationality (i.e. Form I-407).
5. Standing instructions to transfer funds to an account maintained in USA	☐ Yes ☐ No	If yes, • Please provide Form W-9, or
Do you have any Power of Attorney/ Authorized Signatory/ Mandate holder having US Address?	☐ Yes ☐ No	 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.
7. Do you have US residence/ mailing / Sole Hold Mail address?	☐ Yes ☐ No	If yes, • Please provide Form W-9, or
8. Do you have US telephone number?	☐ Yes ☐ No	 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.
complete. I further certify that i am not a US person and will provide certification becomes incorrect. Signature: Declaration: I hereby confirm the information provided above is true, accurate and accurate and accurate and accurate and accurate and accurate and accurate accurate and accurate accu	clare that I have examined t e form W-8BEN within 30 o and complete. Subject to ny tax liability in any jurisc	'Yes' but claims to be a Non-US Person along with documentary evidence. the information of this form and to the best of my knowledge and belief it is true, correct and calendar days if required by IRS through LIL. I undertake to notify LIL within 30 days if this applicable local laws, I hereby consent for LIL to share my information with domestic or diction. Where required by domestic or overseas regulators or tax authorities, I consent and applicable laws, regulations and directives.
I undertake to notify LIL within 30 calendar days if there is a change expense (including, but not limited to sums paid in settlement of claims, LIL in discharging its obligations under FATCA and/or as a result of Dated:	e in any information which , reasonable attorneys' and f disclosures to the US ta:	n I have provided to LIL. I will indemnify and hold harmless LIL from any loss, action, cost, consultant fees, and expert fees), claim, damages, or liability which arises or is incurred by x authorities.
US Taxpayer Identification Number (in case of US Person	バ	Signature:

CRS Form For Tax Residency Self Certification



For Individuals, Joint Accounts (CRS-I)

Customer ID (For Official Use Only)

located outside Pakistan and/or United States of America (USA), we may be legally obliged to pass on the information in this form and

Please read these instructions carefully before completing the form

Chapter XIIA of Income Tax Rules, 2002 and Regulations based on the OECD Common Reporting Standard (CRS) require LIL to collect and report certain information about each person's tax residency. If your tax residence is located outside Pakistan and/or United State of America (USA), we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to Federal Board of Revenue (FBR) and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

You can find summaries of defined terms in the Glossary of Terms.

Please complete this form if you are an individual, a sole trader or sole proprietor. Please use a separate form for each individual of a Joint Account. In case of Minor Account, guardian should complete this form on behalf of account holder i.e. minor.

This form will remain valid unless there is a change in circumstances relating to information, such as the account holder's tax status or other information that makes this form incorrect or incomplete. In that case you must notify us and provide an updated self-certification.

PART 1 ACCOU	HOLDER INFORMATION
Name of Investor:	Date of Birth:
Place of Birth:	City: Country:
Current Residence Address:	Mailing Address (Complete only if different from current address)
Address Line 1:	Address Line 1:
Address Line 2:	Address Line 2:
City:	City:
Province/State:	Province/State:
Country:	Country:
PART 2 CRS - DE	RATION OF TAX RESIDENCY (Please refer to Appendix — I for your tax residency status)
I am tax resident of Pakistar Yes (Proceed to Part 4) No (Proceed to Part 3)	and USA ONLY .

CRS Form For Tax Residency Self Certification



Tick (✓) ONE only (If TIN is not available)

Reason B

Reason A

For Individuals, Joint Accounts (CRS-I)

Customer ID (For Official Use Only)

Reason C

PART 3

1

(CRS Self Certification Form (07-2017)

COUNTRY OF RESIDENCE FOR TAX PURPOSE

Please complete the following table indicating (i) the country where the Account Holder is resident for tax purposes and (ii) the Account Holder's Taxpayer Identification Number (TIN) or functional equivalent for each country indicated.

Please refer to the OECD website for more information on tax residency

Country(ies) of Tax Residence

http://www.oecd.org/tax/automatic-exchange/crsimplementation-and-assistance/tax-residency/

If Tax Identification Number (TIN) is not available, please tick (\checkmark) the appropriate box with reason A, B or C as defined below and provide Supporting Evidence:

- Reason A The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents
- Reason B The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please provide reasons if this is selected)
- **Reason C** No TIN is required. (Note: Only select this reason, along with evidence, if the domestic law of the relevant country does not require the collection of the TIN issued by such country)

TIN or Equivalent

2												
3												
If R	eason B selecte	d, please explain in the following box(es)	why you are unable to obtain a TIN or F	unctional Equivalent								
1												
2												
3					*							
P.A	ART 4	DECLARATION AND SIGNAT	TURE									
Invest form is/are	I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with Lucky Investments Limited setting out how Lucky Investments Limited may use and share the information supplied by me. I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account v information.											
l dec withi	I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete. I undertake to submit a suitably updated Form within 30 days of any change in circumstances which affects the tax residency status or where any information contained herein to become incorrect.											
1 / W	e hereby allow	authorize Lucky Investments Limited (Li	IL) to conduct NADRA Verisys against m	y Computerized National Id	dentity Card (CNIC), provided by me in this form							
Invest	or's Signature		Date									

Investment Application Form



Kindly Avoid Cash Transaction, therefore please make the payment

TMETE	Lucky Investments
یز کریں	برائے مہسربانی نقسہ رفت دینے سے پر ہ
، ادائمیگی کریں	لہذا کرانس چیک یا آن لائن ٹرانسفسر کے ذریعے

Day	Month		Ye	ear																1				—	—			
																Fo	olio N	lo.:										
PRINCIP	AL ACCOUN	ТН	OLDI	ER																								
Name(as pe Mr. /Mrs. /																												
Contact No.			1											- 1		ı	- 1		ı	1			1				1	l I
Investme	nt Detail	1																										
Name of Fund Type Amount in Rs.												Amo	unt ir	ı Wo	rds		Fro	nt E	nd L	.oad	to b	e ch	arge	i				
Payment	Payment Instrument Details Date Cheque No. / Online Transfer Bank Name Branch																											
Date	Chequ	e No	. / 0	nline	Tra	nsfer			Bar	nk N	lame												Bra	nch				
							-																					
For Monthly/Quarterly Saving Plan Payment Ontions																												
For Monthly/Quarterly Saving Plan Payment Options 100% Profit 90% Profit periodically & remaining at financial year end Monthly Quarterly																												
_	rofit with capital s	growth	ı		Г	_	ematic wit	•		IIaIIIIII	ig at illialit	iai yeai	enu							_	ontnıy emi-Ann	uallv	,	Г		uarte nnuall		
						(In	case of fi.	xed wit	hdraw		nount, prin			y be c	dimii	nished)	1							_			,	
i authorize	I authorize LIL to redeem my units to pay requested amount at regular interval based in the above instruction.																											
Units Mo	Units Mode Holdings (Optional)																											
CDS Info	rmation: Part	icip	ant/l/	AS ID):										Client / House / Investor A/c #:													
to the d Cooling Refund The unit Note:	Cooling Off Rights for Investor Individual investor(s) can claim refund of their first time investment in a fund (cooling off right) along with deducted front end (if any) within the cooling off period, however this refund will be subject to the deduction of any applicable contingent load (back end load) and taxes. Cooling off period shall be three business day commencing from the date of issuance of Investment Acknowledgment Letter. Refund can be obtained by submitting written request at any of LIL office/branch. The units held will be redeemed at the redemption price applicable on the date of submission of request (as per applicable cut off timings) and payment will be made within 6 business days. Note: Please write your Portfolio No. (if any) or CNIC No. (In case of new investors) on the front of cheque. In any case cash will not be accepted. If the cheque is returned unpaid, the transaction of that will be rejected. For Name and type of Funds please refer to the next page. Please prepare payment instrument-CDC Trustee (fund name/plan name)																											
Declarati	on and Specir	nen	Signa	ature	of .	Accou	nt Holde	er(s)																				
features an or suitabili of my/our transaction not respon load perce	Declaration and Specimen Signature of Account Holder(s) I/We hereby confirm that all information provided in this form is true and correct to the best of my/our knowledge. I/We confirm that the representative of LIL/distributor has explained the features and risk of the product and I/we have understood these features and risks in which I/we have agreed to invest. I/We agree that I/we shall assume sole responsibility for determining the merits or suitability of any and all advice and/or recommendations of LIL before relying on the same to enter into any transaction. I/We will not hold LIL responsible for any loss which may occur as a result of my/our decision. I/We further confirm that I/We have read the Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern these Investment transactions. I/We have been fully informed and understand that investment in units of mutual funds/CIS are not bank deposits, not guaranteed and not issued by any person. Shareholders of AMCs are not responsible for any loss to investor resulting from the operations of any CIS launched/to be launched by AMCs unless otherwise mentioned. I/We also confirm having the knowledge of applicable load percentages specified on the page 2 of this form. I acknowledge that I have read the Key Fact Statement at the time of investment, and I have read and understood the terms and conditions to the best of my knowledge and have retained copy of the same.																											
					Si	gnature o	f Principal	/ Joint /	Account	Holde	er(s) with ru					nal Clien	ts											
Form Receiv											Name & Si	gnature	of Reporti	ng Agen	nt		}			:	ignature	and S	tamp (of Distr	ributor			
Order Num											_						_			-								
Reporting Da											Ir	ade Auti	norized by				-			Sigi	nature ar	.d Sta	mp of	Transf	er Age	nt		
DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(s): I/We have read and understood the Fund Manager Report, associated charges and the Risk Level of the invested fund as mentioned above. Signature of Principal / Joint Account Holder(s) (with rubber stamp in case of Institutional Clients)																												



Name of Funds	Risk Profile	Recommended Investment Duration	Account Payee Title	Sales Load (Up to)
Lucky Islamic Stock Fund	High	3-5 years & above	CDC Trustee Lucky Islamic Stock Fund	3.00%
Lucky Islamic Income Fund	Medium	1-2 year(s) & above	CDC Trustee Lucky Islamic Income Fund	3.00%
 Lucky Islamic Fixed Term Fund 	Low - Medium	Term Based	CDC Trustee Lucky Islamic Fixed Term Fund <plan name=""></plan>	Not Applicable
Lucky Islamic Money Market Fund	Low	0-1 year(s) & above	CDC Trustee Lucky Islamic Money Market Fund	3.00%
Lucky Islamic Pension Fund	Allocation Dependent	Minimum 60 years of age or 25 years of contribution	CDC Trustee Lucky Islamic Pension Fund	3.00%

TO BE FILLED BY INVESTOR

hold LIL responsible for any loss which may occur as a result of my/our decision. my/our risk profile. However, I/we reserve the discretion to invest in any other fun	rel of this fund is mentioned in the table given above. I/We confirm that I/We will not I/We further agree that LIL has advised us to select a specific fund category as ped category. I/we further confirm that I/we have read the Fund Manager Report, Tru
Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering	-
ہے ہیں اور اس فنڈ کے رسک لیول کا ذکر نیچے جدول میں کیا گیا ہے۔ میں/ ہم اس بات کی تصدیق کرتے ہیر رے/ ہمارے فیصلے کے نیتیج میں ہوسکتا ہے۔ میں/ہم مزید اتفاق کرتے ہیں کہ لکی نے میرے/ ہمارے	میں/ ہم اس بات کی تصدیق کرتے ہیں کہ میں/ ہمفنڈ میں سر ماریکاری کرر۔
ے/ ہمارے فیصلے کے نتیجے میں ہوسکتا ہے۔ میں/ہم مزیدا تفاق کرتے ہیں کہ لکی نے میرے/ ہمارے	كه مين/ہم لكى انونسٹمنٹ لمينڈ (كى) كوك بھى نقصان كىلئے فىتے دارنبيں تھبرائيں كے جومير
ں فنڈ کے زمرے میں سر مابیکا ری کرنے کی صوابدید ہے۔ میں/ ہم مزید تصدیق کرتے ہیں کہ میں/ ہم نے	رِسک بروفائل کےمطابق ایک مخصوص فنڈ کیٹگری کی تبحہ پزپیش کی ہے۔تاہم ، مجھے/ ہمارے پاس کسی بھی
۔ ں فنڈ کے زمرے میں سر ماید کا ری کرنے کی صوابدید ہے۔ میں / ہم مزید تقیدیق کرتے ہیں کہ میں / ہم نے	فنڈ منیجر کی رپورٹ، ٹرسٹ ڈیڈی آ فرنگ ڈا کومنٹ جنمنی ٹرسٹ ڈیڈ اور منی آ فرنگ ڈا کومنٹ کو پڑھا ہے۔
Dated	Signature of Principal / Joint Account Holder(s)
Dated	Signature of Filincipal 7 some Account Holder(s)
Declaration and Specimen Signature of the Sales Pers	on
I,, hereby confirm the f	following:
I have explained the risk of the fund being sold to investor	
2. I have explained that the principal is at risk (in case of high risk funds) and the inve	stor can lose money
3. I have not made or implied any guarantee with respect to return or investment am	nount
4. I have not quoted an fixed return percentage or amount to the investor	
5. I have shown all the relevant material before finalizing the investments (i.e. FMR, N	Narketing Material etc)
Name & Signature of Sales Agent	Name & Signature of Immediate Supervisor
<u> </u>	- <u></u>

Date

Date