

**Principal Account Holder Detail: (Mandatory)**

Entity Name (Messers) \_\_\_\_\_

NTN/ Registration Number

Industry Catalogue  Commercial Bank  Insurance Company  Pension / Provident Fund  NBFC  DFI  
 Manufacturing  NGO  Trust Other (Please Specially) \_\_\_\_\_

Registered Address \_\_\_\_\_

Correspondence Address \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax Number \_\_\_\_\_ Company Website \_\_\_\_\_

Primary Contact Person Name \_\_\_\_\_ Designation \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Alternate Contact Person Name \_\_\_\_\_ Designation \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Correspondence to be sent to  As Above  If Deffrent (please Specify) \_\_\_\_\_

**Authorised Signatories Information**

Name (Mr. Ms. Mrs.) \_\_\_\_\_

CNIC/NICOP/Passport No.

Specimen Signature

Name (Mr. Ms. Mrs.) \_\_\_\_\_

CNIC/NICOP/Passport No.

Specimen Signature

Name (Mr. Ms. Mrs.) \_\_\_\_\_

CNIC/NICOP/Passport No.

Specimen Signature

**Operating Instruction**

Principal Account Holder Only  Joint by any Two  Either or Survivor  Jointly by all  Other \_\_\_\_\_

**Bank Account Detail**

Account Title \_\_\_\_\_ Account No \_\_\_\_\_

Bank Name \_\_\_\_\_ Bank Address \_\_\_\_\_ Brach Code \_\_\_\_\_

**Units Mode of Holding**

Account Statement Account Statement of units will be issued in registered, uncertified from and will be confirmed by means of an account statement issued by the registrar.

Unit Certificates Certificate(s) will be issued only of requested, on payment of Rs. 100/- per certificate. Payment of certificates may be combined with the payment of unit(s). Unless indicated by the applicant, minimum number of certificates will be issued. Unit Certificate(s) (if requested) and account statement will be dispatched at the registered address within 21 days of realization of funds.

**Dividend Declaration**

I/We wish to receive distributions (if any) as follows.

- Profit distribution in the form of cheque / Pay Order / Demand Draft
- Profit distribution to be transferred in Bank Account
- Profit distribution reinvested in Fund

Note : If no box is checked, all distribution will be reinvested in Fund (s)

**Foreign Account Compliance Act (FATCA) Checklist**

**Section A (US Entities): For Entities Incorporated in the US or Under the laws of US or Branch thereof;**

Please provide Form W-9 for the Entity, complete the following details and proceed to declaration & signature(s)

Entity's FATCA Classification for Reporting Purposes;  Specified US Person  Not a Specified US Person<sup>1</sup>

US Tax Identification No (TIN):

**Section B (Non US Entities): Exempt Entities ( Exempt Beneficial Owners)**

. If entity falls into any of the following categories, No FATCA documentation required, please indicate as applicable & proceed to declaration & signature(s).

- Federal, Provincial, Local or Municipal Govt.  Entity Wholly Owned or Controlled by Govt  Govt Department, Judicial Entity or Armed Forces
- Foreign Mission Embassy, Consulate or Comission  Central Bank

. If entity falls into any of the following categories, please indicate as applicable, provide W-8BEN-E form & proceed to declaration & Signature(s).

- International Organization  Charitable Trust, Club, Association or Society  Non-Governmental or Non-Profit Organisation

Registration No. \_\_\_\_\_

**Section C (Non US Entities): For Non Financial Entities (NFFE)**

1. Is the Entity Listed Public Limited Company or a subsidiary of such a company?  Yes  No

. If Yes: Proceed directly to Question 4 Below: . If No: Proceed to Next Question:

2. Did the entity earn more than 50% of its gross income for the preceding tax year from other than core activities  Yes  No

. If Yes: Proceed to Next Question: . If No: Proceed directly to Question 4 Below:

3. Does any Sprcified US person (invidiual or entity) hold more than direct or indirect shareholding in the entity?

. If Yes: Complete Table below, provide W-9 for each substantial US owner & W-8BEN-E for the entity & proceed to declaration & Signature(s).  
. If No: Proceed to Next Question:

Name of Substantial US Owner	Complete Address	US Tax Identification (TIN)	Percentage Holding

4. Does the entity have Registered, Head Office or Mailing Address Which is in the US or a US telephone number ?  Yes  No

. If Yes: Provide (1) Construction Documents Showing the Non-US country of incorporation or registered address AND (ii) Form W-8BEN-E & proceed declaration & Signature(s).  
. If No: Proceed to Next Question:

5. Has the entity assigned power of attorney or signatory authority to a person with US address?  Yes  No

6. Is the entity aware of any other information which may indicate to the entity's US status?  Yes  No

. If Yes: Provide: A Constitution Document showing the non-US country of incorporation or registered address OR alternatively provide a Form W-8BEN-E & proceed  
. If No: No FATCA documentation required, please proceed to declaration & Signature(s).

**Section D (Non-US Entities): Financial Institution (PFFI)?**

1. Is the entity a Participating Foreign (Non-US) Financial Institution (PFFI)?  Yes  No

If Yes: Provide Form W-88EN-E, mention GIIN below & proceed to declaration & Signature (s). If No: Please proceed to Next Question

Global Intermediary Identification Number (GIIN) PFFI : \_\_\_\_\_

2. Being a Non-Participating FFI (Including Limited Branch of FFI), does the entity consent for PIML to report its relevant information to relevant authority as required under FATCA?  Yes  No

3. Please indicate if the entitiy claims any other FATCA status:  Owner Cocumented FFI  Ceriified Deemed Complaint FFI  
 Sponsored/Sponsoring FFI  Other (please Specify)

For ODFFI: Provide (i) W-8BEN-E for entity (II) Owner Reporting Statement (III) W-9 or W-8BEN for persons Identified in Reporting statement & proceed to declaration & Signature(s).  
For others: Provide Form W-8BEN-E indicating the claimed status and proceed to declaration & Signature(s).

### Declaration

- I/We, the undersigned hereby declare that the above mentioned information provided by me is correct, complete and up-to-date to the best of my/our knowledge and believe and I/We shall immediately update the Management Company if there is any change in such information. I/We hereby assure to the Management Company that the proceed invested in the Fund(s) are not derived from Money Laundering or Illegal Activities and the sources(s) of funds declared in this Form is true and correct to the best of my/our Knowledge and believe and the documents submitted along with this Account Opening Form are complete and valid in all respects:
- I/We also confirm having read and understood the Trust Deeds, Offering Documents, Supplemental Trust Deeds, and Supplemental Offering Document that govern the transactions and further acknowledge understanding of the risk involved in Mutual Funds.
- I/We, on behalf of the Entity, understand that the information provided above is being submitted to enable Primus Investments Management Limited, it's branches, affiliates, and/or subsidiaries (collectively "the Company") to comply with its obligations under FATCA and hereby confirm the information provided above is true, accurate and complete. I/We hereby consent for the Company to share Entity's required information with regulators or tax authorities, including relevant authorities as required under FATCA, where necessary/applicable to establish entity's tax liability in such jurisdiction(s) where required by regulators or tax authorities (except where specified against Question 2, Section D above). I/We consent and agree that, if applicable, the Company may withhold from the account of the Entity such amounts as may be required according to applicable laws, regulations and directives. I/We also agree and undertake to notify the Company within 30 Calendar days if there is a change in any information of the Entity, where has been provided to the Company.

\_\_\_\_\_  
Authorized Signatory & company stamp

\_\_\_\_\_  
Authorized Signatory & company stamp

\_\_\_\_\_  
Authorized Signatory & company stamp

### Documents Required (Mandatory)

Before submitting this form make sure following documents are attached. If one or more of this documents are missing your application may be declined or processed with a delay

- List of authorized signatories with specimen signatures on company letter head OR certified copy.
- For Partnership
 

<input type="checkbox"/> Detail of partner Names, Address, Phone Numbers	<input type="checkbox"/> Copy of all valid CNIC of all Partners	<input type="checkbox"/> Copy of latest Financial Statements
<input type="checkbox"/> Certified Copy of Partnership Deed		
- For joint Stock Company/Trust
 

<input type="checkbox"/> Copy of all valid CNIC of all Directors /Trustees	<input type="checkbox"/> Copy of Latest (Audited) Financial Statements	<input type="checkbox"/> Certified Copies of Form A & Form 29
<input type="checkbox"/> Certified Copy of Memorandum and articles of Association Trust Deed	<input type="checkbox"/> Board/Trustee/Governing Body Resolution	
- Club Societies / Associations
 

<input type="checkbox"/> Certified Copy of Certification of Registration	<input type="checkbox"/> Certified Copy of by Laws / Rules & Regulations
<input type="checkbox"/> Board/Governing Body Resolution	<input type="checkbox"/> Copy of latest Financial Statements
- Executers / Administrators
 

<input type="checkbox"/> Copy of valid CNIC of all Executers /Administrators	<input type="checkbox"/> Certified Copy of Letter of Administration
--	---

Note:Tax and Zakat Exemption Certificates/Affidavit are mandatory if exempted

### Investment Faciliator Distributor Details (For Office Use Only)

Distributor/Faciliator Name		Code						Distributor's Stamp with Date and Time
Branch Name		City						
Date and Time Stamping	Form recieved by	Name and Signature						
	Date Form and attachments verified by	Name and Signature						
	Date input by	Name and Signature						



A wholly owned subsidiary of **Pak Brunei Investment Company**

Head Office: 3rd Floor, Horizon Vista, Plot No. Commercial 1, Block No.4, Scheme No.5, Clifton, Karachi. Board: (+92-21) 37130165, 35290006-9  
Lahore Branch: 1st Floor, Commercial Plaza, 852-D, Faisal Town, Akber Chowk, Lahore. Board: (+92-42) 35221632-4  
Islamabad Branch: Office#11, Executive Business Centre (Ground Floor), Saudi Pak Tower, Jinnah Avenue, Islamabad. Board: (+92-51) 2800397-8