

**Principal Account Holder's Information**

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

Father/Husband Name \_\_\_\_\_

CNIC/NICOP/Passport No. [ ][ ][ ][ ][ ][ ]-[ ][ ][ ][ ][ ][ ] Date of Expiry [ ][ ][ ]-[ ][ ][ ][ ][ ][ ][ ][ ]

Gender  M  F Date of Birth [d][d]-[m][m]-[y][y][y][y] Country of Birth \_\_\_\_\_

Religion \_\_\_\_\_ Zakat Deduction  Yes  No (In case of No, please submit zakat affidavit)

NTN # [ ][ ][ ][ ][ ][ ][ ][ ]-[ ][ ] Tax Status  Filer  Non-Filer

Occupation  Govt. Service  Pvt. Service  Business/Self employed  Housewives  Retired  Other \_\_\_\_\_

Nationality \_\_\_\_\_ Do you have other nationalities (if yes please disclose all Nationalities) Other Nationality \_\_\_\_\_

Country of residence \_\_\_\_\_ Do you have permanent Resident card (Green Card)?  Yes  No

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Resident Phone # \_\_\_\_\_ Office Phone # \_\_\_\_\_ Mobile# \_\_\_\_\_

Guardian Name \_\_\_\_\_ Relation \_\_\_\_\_ CNIC # [ ][ ][ ][ ][ ][ ]-[ ][ ][ ][ ][ ][ ][ ][ ]

In case of applicant is minor, kindly provide FATCA related information of guardian in the specified form.

**Joint Account Holder's Information**

Name Join Holder 1 (Mr. Ms. Mrs.) \_\_\_\_\_

CNIC/NICOP/Passport No. [ ][ ][ ][ ][ ][ ]-[ ][ ][ ][ ][ ][ ][ ][ ] Specimen Signature [ ]

Name Join Holder 2 (Mr. Ms. Mrs.) \_\_\_\_\_

CNIC/NICOP/Passport No. [ ][ ][ ][ ][ ][ ]-[ ][ ][ ][ ][ ][ ][ ][ ] Specimen Signature [ ]

Name Join Holder 3 (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 \_\_\_\_\_

**Nominee Information**

Name (Mr. Ms. Mrs.) \_\_\_\_\_ Relation with principal account holder \_\_\_\_\_

CNIC/NICOP/Passport No. [ ][ ][ ][ ][ ][ ]-[ ][ ][ ][ ][ ][ ][ ][ ] Share % \_\_\_\_\_

Name (Mr. Ms. Mrs.) \_\_\_\_\_ Relation with principal account holder \_\_\_\_\_

CNIC/NICOP/Passport No. [ ][ ][ ][ ][ ][ ]-[ ][ ][ ][ ][ ][ ][ ][ ] Share % \_\_\_\_\_

**Bank Account Detail of Principal Unit Holder**

Account Title \_\_\_\_\_ Account No \_\_\_\_\_  
Bank Name \_\_\_\_\_ Bank Address \_\_\_\_\_ Branch Code \_\_\_\_\_

**Units Mode of Holding**

- Account Statement    Account Statement of units will be issued in registered, uncertified form and will be confirmed by means of an account statement issued by the registrar.
- Unit Certificates    Certificate(s) will be issued only if 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)

**Instruction for Delivery of Account Information**

- Daily NAV     Email     SMS     Both
  - Account Statement     Email     Post     Do not send
  - Frequency     Semi Annually     Quarterly     Monthly
- \* More Frequent at additional charges

Please give the following information to send the details.

Email \_\_\_\_\_ Email \_\_\_\_\_

**Know Your Customer (KYC)**

Please provide the following details as required by the client identification program laid down by the Anti-Money Laundering Laws & circular 12 of 2006 issued by the Securities & Exchange Commission of Pakistan (SECP).

- Education     Under-Graduate     Graduate     Post-Graduate     Professional     Other \_\_\_\_\_
- Marital Status     Single     Married     Widow     Divorced     Other \_\_\_\_\_
- No. of Dependent \_\_\_\_\_ Religion \_\_\_\_\_ Approx Annual Income PKR \_\_\_\_\_
- Profession     Student     Housewife     Professional     Other \_\_\_\_\_
- Source of Funds     Salary     Home Remittance     Inheritance     Investment     Family business     Other \_\_\_\_\_
- Public Figure     Yes     No    (Includes Politicians, senior Govt, officers, Senior Office Bearers of Public Sector entities, Senior Military Officials and family members)

Name of ultimate beneficiary of investment \_\_\_\_\_ CNIC/NICOP/Passport No. \_\_\_\_\_

Note : If ultimate beneficiary is other than Principal unit holder, please mention beneficiary name, CNIC # and attach separate sheet with other details mentioned above.

**Declaration**

I the undersigned, hereby declare that the above mentioned information is correct, complete and up-to-date to the best of my knowledge and belief and I shall immediately update the management company if there is any change in such information. I hereby assure to Management Company that the proceeds invested in the Fund(s) are not derived from money laundering or illegal activities and source(s) of funds declared in this form is true and correct to the best of my knowledge and belief.

I have carefully read, understood and agree to abide by all the rules, regulations, terms, and conditions given in this form. The details provided by me are true, correct and complete to the best of my knowledge and belief, and the document submitted along with this application form are genuine. I hereby undertake to promptly inform the company of any changes to the information provided in this form. I certify that I have the power and authority to establish this account

\_\_\_\_\_  
Signature (Principal Account Holder)

**FOREIGN ACCOUNT COMPLIANCE ACT(FATCA) CHECKLIST**

**Section A. Customer Type (please indicate as applicable)**

- Individual / Sole Proprietor      Please use Applicant 1 Column to provide your responses.
- Minor      In case of Account of Minor, please use Applicant 1 Column for Minor and Applicant 2 Column for Guardian Please use separate column for each joint account applicant, use additional checklist if more than 2 applicant(s)
- Joint

**Section B. US Status Information**

**Applicant 1**

**Applicant 2**

Name of Applicant \_\_\_\_\_

1. Are you a US Citizen, a US Green Card Holder or a US Resident?       Yes     No       Yes     No

If (Yes) Provide Form W-9 and proceed to declaration & Signature(s)      If (No) Proceed to Next Question

2. Were you born in the US?       Yes     No       Yes     No

If (Yes) Provide Form W-9 and proceed to declaration & Signature(s)      If (Yes) But you claim being a non-US person  
 (i) Certificate/Written Explanation of Revocation of US Nationality  
 (ii) A non-US passport  
 (iii) Signed Form W-8BEN  
 If (No) Proceed to Next Question

3. Do you have a US address or telephone Number?       Yes     No       Yes     No

4. Are you assigning a signatory authority/mandate to a person with a US address?       Yes     No       Yes     No

5. Are you aware of any other information that may indicate US links?       Yes     No       Yes     No

Including US source of funds/income, US nationality, residence status of authorized signatory/mandate holder, expected remittances to/from US etc.

For Questions 3, 4 and 5 above:  
 If (Yes) and you accept being a US person:      Provide Form W-9 and proceed to declaration & Signature(s)  
 If (Yes) and you claim being a non-US person      Provide an ID Document (CNIC/SNIC/NICOP) showing you permanent address (which should not be a US address), OR      Provide Form W-8BEN & proceed to declaration & Signature(s)  
 If (No): No FATCA documentation required, proceed to declaration & Signature(s)

\* A person may be a U.S resident if the person was present for the period of 183 days or more during the current and last two preceding years. For further details, please refer to Tactful Questioning guidelines under the FATCA policy & procedure manual.

\_\_\_\_\_  
Principal Applicant's Signature

**Document Required (Mandatory)**

- Copy of Valid CNIC/NICOP/Passport
- Copy of Nominee(s) Valid CNIC/NICOP/Passport
- Zakat Affidavit (In case of Zakat exemption)
- Business Proof (Business Card)
- Employment Proof (Employer Certificate/ Employment Card Copy/Salary Slip Copy)
- W-9 Form (U.S. Citizen)
- W-8BEN Form (U.S. Citizen)

**Questions for Client Profiling**

- Nonresident clients  Yes  No
- NGO/NPOs/Trusts/Charities  Yes  No
- High Net worth Client with no source of income  Yes  No
- Politically exposed/affiliated persons  Yes  No
- Customer Risk Profile

**Investment Facilitator/Distributor Details (For Office Use Only)**

S.No. \_\_\_\_\_ Date: \_\_\_\_\_  
Form received

Title of Investor Account \_\_\_\_\_ Distributor's Name \_\_\_\_\_

Investor Account No. \_\_\_\_\_ Code: \_\_\_\_\_  
  FEL Applicable  Yes  No

Authorized Person's Name \_\_\_\_\_ Signature and Stamp \_\_\_\_\_

**Registrar**

S.No. \_\_\_\_\_ Date: \_\_\_\_\_  
Form received

Title of Investor Account \_\_\_\_\_ Form Verified By \_\_\_\_\_

Investor Account No. \_\_\_\_\_ Data Input By \_\_\_\_\_  
 \_\_\_\_\_

Data Verified By \_\_\_\_\_



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

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