



Account Opening Form

Form Number _____

Principal Account Holder Information

Name Mr / Mrs / Ms / M/s. _____ CNIC or Passport No. _____
 Father / Husband / Guardian Name _____ Contact No. _____
Zakat Deduction Yes No **Gender** Male Female **Status** Resident Non Resident **Date of Birth** _____
(If you have selected 'No' please provide CZ-50 form) dd/mm/yy
 Occupation _____ Fax _____
 Nationality _____ Email _____
 Address _____
 Postal Code _____ Country _____
 Specimen Signature _____

Stamp if Institutional Client

Only for Institutional Clients

Registration / Incorporation Number _____ NTN _____
 Type Company (Listed) Partnership Trust Other
 Company (Unlisted) Sole Proprietorship NGO Other
 Other Please Specify _____

Bank Account Information

Account Title _____ Account No. _____
 Bank Name _____ Branch _____
 Branch Address _____ City _____

Joint Account Holder Information

Name Mr / Mrs / Ms / M/s. _____ **CNIC or Passport No.** _____
Father/Husband / Guardian Name _____ **Specimen Signature** _____
Name Mr / Mrs / Ms / M/s. _____ **CNIC or Passport No.** _____
Father/Husband / Guardian Name _____ **Specimen Signature** _____
Name Mr / Mrs / Ms / M/s. _____ **CNIC or Passport No.** _____
Father/Husband / Guardian Name _____ **Specimen Signature** _____

Operating Instructions Principal Account Holder Only Either or Survivor Jointly By Any Two Jointly (All Account Holders)
 Other, please specify _____

Nominee Information (Not applicable to Institutions and Joint Account Holders)

Name Mr / Mrs / Ms _____ **Name** Mr / Mrs / Ms _____
CNIC or Passport No. _____ **CNIC or Passport No.** _____
Relationship with Principal A/c Holder _____ **Share %** _____ **Relationship with Principal A/c Holder** _____ **Share %** _____

Dividend Mandate

Please encash my bonus units Please re-invest my cash dividend Please transfer my dividend to my bank account

Account Statement Frequency (Extra charges may apply)

Upon Activity Monthly Quarterly Half yearly Yearly

Declaration

I/We hereby acknowledge having read in full and understood the relevant Trust Deed(s) and Offering Documents(s) that govern this transaction and further acknowledge having understood in full the risks involved.

Signature _____ Signature _____ Signature _____ Signature _____ Stamp if Institutional Client _____

For Official Use Only

ATL
 Code _____ Date _____
 Form Received _____ dd/mm/yy Name of Authorized Person _____ Signature _____
Transfer Agent
 Date _____ Time _____ am/pm _____
 Form Received _____ dd/mm/yy hh/mm _____ Form and Attachments Verified By _____ Date Input By _____ Date Verified By _____ Account No. _____

Remarks _____

IGI FUNDS LIMITED

HEAD OFFICE : 7th Floor, The Forum, Suite No. 701 - 713, G-20, Khayaban-e-Jami, Block- 9, Clifton, Karachi-75600, Pakistan.
UAN: + 92.21.111.367.444 Fax: + 92.21.530.1729, 530.1772

Client Receipt (To be filled by authorized ATL representative)

Date _____ Received By _____ Form Number _____
 Form Received _____ dd/mm/yy _____
 Signature of Authorized Person _____ Stamp of Authorized Branch _____

Account Opening Form Guidelines

Please read the guidelines below before completing this form.

General Instructions

- ☞ In case of institutional clients, company stamp is required.
- ☞ Please fill this form in BLOCK LETTERS.
- ☞ Upon completion and submission of this form you will be provided a receipt, please retain your receipt and ensure that it is signed and stamped by the authorized ATL (Authorized Transaction Location) representative.
- ☞ It is the responsibility of the client(s) to pay any and all stamp duties, taxes and processing charges (if any) upon submission of this form.
- ☞ For additional details please refer to the Offering Document or call us at 111.367.444.

Detailed Instructions

Principal Account Holder Information

- ☞ Please provide either a) your CNIC number or b) your Passport number.
- ☞ If you have selected No in Zakat Deduction please ensure that you provide a CZ-50 form to compliment your request.
- ☞ If you have selected Other in Type of Business please specify in the space provided.

Bank Account Information

- ☞ Please provide the bank account details of the Principal Account Holder.
- ☞ Any error in filling this information may cause delay in transfer of funds to the Account Holder.
- ☞ These details shall be used for both Redemptions and Dividend Mandates where applicable.

Joint Account Holder Information

- ☞ In case of institutions, this section shall be used for authorized signatories and the respective institution's stamp.

Nominee Information

- ☞ This section is not applicable in case of institutions and Joint Account Holders.
- ☞ Names of the Nominee(s) if any and relationship with the Principal Account Holder should be clearly stated in this section along with the total entitlement of share.

Dividend Mandate

- ☞ Please specify your desired dividend mandate, kindly note that the default dividend mandate is re-investment.
- ☞ Select the desired check box, be advised that if you wish to change your selection at a later date you can do so by filling out the Change Request Form.

Account Statement Frequency

- ☞ Please select your desired statement frequency.

Declaration

- ☞ Signature of the Principal Account Holder and / or of ALL Joint Account Holders is required.
- ☞ In case of institutional clients, company stamp is required.

Required Documentation

Individuals

- Copy of Computerized National Identification Card (CNIC) or Passport for all signatories.
- Zakat Declaration Form (CZ-50).

Institutions

- Memorandum and Articles of Association.
- Certificate of Incorporation.
- Computerized National Identification Card (CNIC) copies of all authorized signatories.
- Board Resolution authorizing investment.
- NTN Certificate.
- Tax and/or Zakat Exemption Certificate.
- Other incorporation documents (if requested).
- Bye-laws.

IGI FUNDS LIMITED

HEAD OFFICE : 7th Floor, The Forum, Suite No. 701 - 713, G-20,
Khayaban-e-Jami, Block- 9, Clifton, Karachi-75600, Pakistan.
UAN: + 92.21.111.367.444 Fax: + 92.21.530.1729, 530.1772

Thank you for investing with IGI Funds. Please retain this receipt for your records.