

Date _____

Name of the institution		Registration Number:	
Registered Address		Contact No.:	
		Cell No.	
Type of Ownership	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (Joint Stock Company) <input type="checkbox"/> Club Societies / Association <input type="checkbox"/> Trust <input type="checkbox"/> Executors and Administrators		
Other detail (if any)			
Source of Funds	<input type="checkbox"/> Business Income <input type="checkbox"/> Others		

We hereby declare that the information provided by us is accurate and hereby agree to provide any additional information or documentations that may be required by the Authorized person in connection with this application:

Signature & Stamp

Documents to be Obtained

Partnership	Name of Partnership and partners Copies of CNIC of all the partners copy of latest financials of partners
Joint Stock Copmany / Trust	Copies of CNIC of all Directors / Trustee Audited / Latest Financials of the Copmany Memorandum and Articles of Associattion / Trust Deed Board / Trustee / Governing body Resolution
Club Societies / Associates	Copies of Certificate of Registration Certified Copy of By Laws/ Rules and Requlations Board / Governing body Resolution copy of latest financials
Executer / Administrators	Copies of NIC of Executers / Administrators Certified copy of letter of Administration

FOR OFFICIAL USE ONLY

Remarks:

IGI FUNDS LIMITED

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