



# FCIL First Capital Investments Limited

## SERVICE REQUEST FORM (INDIVIDUALS AND INSTITUTIONS)

(Please see guidelines overleaf before completing this form)

|                  |  |  |  |  |  |  |  |  |
|------------------|--|--|--|--|--|--|--|--|
| FCIL Account No. |  |  |  |  |  |  |  |  |
| Folio No.        |  |  |  |  |  |  |  |  |

| INFORMATION ABOUT THE PRINCIPAL ACCOUNT HOLDER (FILL IN BLOCK LETTERS) |  |   | DATE:                       |               |                              |                             |
|--|--|---|-----------------------------|---------------|------------------------------|-----------------------------|
| Title of Account (EXISTING)  |  |   |                             |               |                              |                             |
| Title of Account (to be changed to)                                    |  |   |                             |               |                              |                             |
| Mailing Address (to be changed to)                                     |  |   |                             |               |                              |                             |
| Permanent Address/ as per CNIC(to be changed to)                       |  |   |                             |               |                              |                             |
| Tel No. & Fax No. (to be changed to)                                   |  | Off.  | Res.                        | Fax.          |                              |                             |
| Mobile/Email (to be changed to)  |  | Mobile:   | Email:                      |               |                              |                             |
| Occupation/Profession (to be changed to)                               |  | Job Title/Nature of Business (to be changed to) |                             |               |                              |                             |
| Zakat Exemption  |  | <input type="checkbox"/> Yes                    | <input type="checkbox"/> No | Tax Exemption | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| CHANGE IN NOMINEE(S) (not applicable in case of joint holding) |                          |                          |                    |          |  |                      |
|--|--------------------------|--------------------------|--------------------|----------|--|----------------------|
| ADD  | DELETE                   | EDIT                     | Name (as per CNIC) | CNIC No. | Relationship with Principal Account Holder | % Allocation to each |
| <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> |                    |          |  |                      |
| <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> |                    |          |  |                      |
| <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> |                    |          |  |                      |
| <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> |                    |          |  |                      |

| CHANGE IN JOINT HOLDER(S) |                          |                          |                    |          |                         |
|---------------------------|--------------------------|--------------------------|--------------------|----------|-------------------------|
| ADD                       | DELETE                   | EDIT                     | Name (as per CNIC) | CNIC No. | Signature (as per CNIC) |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |                    |          |                         |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |                    |          |                         |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |                    |          |                         |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |                    |          |                         |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |                    |          |                         |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |                    |          |                         |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |                    |          |                         |

### CHANGE IN ACCOUNT OPERATING INSTRUCTIONS

- Principal Account Holder Only  
  Jointly (any two signatures)  
  Jointly (All)  
  Either or Survivor  
 Other Instructions (Attached)

**CHANGE IN BANK ACCOUNT DETAILS**

Account Title: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name of Bank and Branch: \_\_\_\_\_

**CHANGE IN DELIVERY OF ACCOUNT STATEMENT(S)** By E-Mail/Web  By Post  Hold Email **Frequency**  Monthly  Quarterly  Annually  Do not Send**SMS SERVICE**I would like to receive SMS alerts:  Yes  No**CHANGE IN PAYMENT METHODE**

I would like to change my mode of payment, (Please write name &amp; code of the fund for which change in payment mode is required)

Name of Fund: \_\_\_\_\_ Fund Code: \_\_\_\_\_ Fund # \_\_\_\_\_

Please Tick one:  Growth Units – In case of Growth Units, the dividend to be distributed in:  Cash  Bonus Units  
 Income Unit (Cash Received by unit holder at regular intervals) If opted Income Units, please tick any of below:  
 Fixed Income Unit (Income based on requirement of the investor)  Flexible Income Unit (Income based on performance of the fund)**Periodic Payment:**

Periodic payment on Income Units (I authorize FCII to redeem my units to pay my income at regular intervals based on the above instructions).

Please Tick one:  Monthly  Quarterly  Half Yearly  Annually

Declaration: I/We the undersigned ratify that the above mentioned information is correct and that I/We have read the Trust Deeds and Offering Documents and the risks involved.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Signature\_\_\_\_\_  
Signature\_\_\_\_\_  
Signature\_\_\_\_\_  
Signature

In case of Corporate clients, company's seal is required to be affixed along with the signatures of authorized signatories.

**FOR OFFICE USE ONLY**

| Distributor/Facilitator Name/code | Signature of Distributor/Facilitator | Transaction Date and Time |
|-----------------------------------|--------------------------------------|---------------------------|
|                                   |                                      |                           |

**FOR REGISTRAR USE ONLY**

| Form Received on (Date & Time) | Date and attachments verified by | Data Input By |
|--------------------------------|----------------------------------|---------------|
|                                |                                  |               |

**If you need any assistance or require additional information, Please contact our representative:**

First Capital Investments Limited

First Capital House

96-B/1, Lower Ground Floor, M.M. Alam Road, Gulberg-III, Lahore

Telephone No.: +92-42-35778217-18



## **FCIL** First Capital Investments Limited

### GUIDELINES

#### **General Instructions:**

In respect of any change(s) desired by the unit Holder(s) in their particular(s), a facility through this form is being provided to the Unit Holder(s) to incorporate such change(s) within the Unit Holder Register. However, such change will be permissible, provided it is authenticated by all the required Authorized signatories.

#### **INFORMATION ABOUT THE PRINCIPAL ACCOUNT HOLDER**

The Account Holder would need to state his/her/institution(s) Name, FCIL A/C No. allotted at account opening stage.

1. The Unit Holder(s) can change their Address/Contact Details provided at the time of account opening.
2. Unit Holder(s) can change the status of Zakat/Tax Exemptions by ticking of the available option as provided. It is also mandatory for the Unit Holder(s) to provide certified true copy (ies) of said declaration.

THIS FORM IS REQUIRED FROM UNIT HOLDER(S) BOTH INDIVIDUAL, JOINT OR INSTITUTIONAL INVESTOR(S) IN CASE THEY INTEND TO CHANGE THE INFORMATION GIVEN IN ACCOUNT OPENING FORM (FCIL – 01) REGARDING:

#### **1. JOINT ACCOUNT HOLDER(S)/SIGNATORY(IES)**

In case of joint Account Holder or Institutions, they can Delete/Add/Change the Joint Holder(s)/Signatory(ies)

#### **2. THE NOMINEE(S)**

Principal Account Holder can Delete/Add/Change the Nominee(s) as registered at the time of account opening. As per Companies Ordinance 1984, nominee shall only be Spouse, Father, Mother, Brother, Sister, Son and Daughter including a Step or Adopted child.

#### **3. ACCOUNT OPERATING INSTRUCTIONS**

The unit holder(s) can change the Account Operating Instructions as were provided in Account Opening Form.

#### **4. BANK ACCOUNT**

The unit holder(s) may change the mode of delivery of account statements.

#### **5. DELIVERY OF STATEMENTS**

The unit holder(s) may change the mode of delivery of account statements.

#### **6. INVESTMENT TYPE**

The unit holder(s) can change his/her/its mode of investment from Growth to Income Units and vice versa as directed in the Investment Form.

**Note: Change in Investment Type is subject to required minimum investment for Growth and Income Units.**