



FCIL First Capital Investments Limited

ACCOUNT OPENING FORM (Individual and Institutions)

(FORM: FCIL – 01) (Please see guidelines overleaf before completing this form)

Investor ID No.

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Folio No.

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Date (DD-MM-YYYY)

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I/ We apply for opening of account with FCIL subject to provision of Trust Deed and offering document

INFORMATION ABOUT THE PRINCIPLE ACCOUNT HOLDER (FILL IN BLOCK LETTERS)

Applicant's	<input type="checkbox"/> Individual <input type="checkbox"/> Company <input type="checkbox"/> Pension Fund <input type="checkbox"/> Provident Fund <input type="checkbox"/> Insurance Company <input type="checkbox"/> Commercial Bank <input type="checkbox"/> Modaraba <input type="checkbox"/> Non Profit Organization <input type="checkbox"/> NBFC		
Status	Zakat Deduction <input type="checkbox"/> Yes <input type="checkbox"/> No	Income Tax Exemption <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Certificate attached	

Name of Applicant: _____

Mailing Address: _____

Permanent Address: _____

CNIC / Passport No.: _____ National Tax No.: _____

City: _____ Country: _____ Telephone: _____

Mobile: _____ Fax: _____ Email: _____

To be filled by individuals only

Father's / Husband's Name: _____ Mother's Name: _____

Occupation / Profession: _____ Job Title/ Nature of Business: _____

Source of Income Salary Home Remittance Inheritance Stocks/Investments Self owned/Family Business (please specify) _____ Others (please specify) _____

Name & Address of Employer / Business: _____

Nationality: _____ Date of Birth: _____ Gender: Male Female Marital Status: _____

Name of Guardian (for minor application): _____ Relationship with Minor: _____

To be filled by entities other than individuals: Nature of Business: _____ National Tax No.: _____

INFORMATION ABOUT JOINT ACCOUNT HOLDERS (IF ANY) JOINT SIGNATORY (IF ANY) FOR INSTITUTIONAL CLIENTS

Name		CNIC/Passport No.	
Father's/Husband's Name		Address	
Name		CNIC/Passport No.	
Father's/Husband's Name		Address	
Name		CNIC/Passport No.	
Father's/Husband's Name		Address	

DETAILS OF BANK ACCOUNT

Account Title		Account No.	
Bank Name		Branch Name & Address	



FCIL First Capital Investments Limited

INFORMATION ABOUT NOMINEE(S) (not applicable in case of joint holding)			
Name			
Relationship with Account Holder	share	%	%
Address			
CNIC/Passport No.			

ACCOUNT OPERATING INSTRUCTIONS

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

MODE OF PAYMENT (FOR REDEMPTION/DIVIDEND MANDATE)

- Cheque
 Pay Order
 Demand Draft
 Bank Transfer

INSTRUCTIONS FOR DELIVERY OF ACCOUNT STATEMENTS/Transaction notification

- Send by Email
 Send by Email and Post (subject to account balance/ investment value of Rs. 50,000 or more)
- Hold both Email & Post

FREQUENCY OF ACCOUNT STATEMENT/ Transaction notification

- Monthly
 Quarterly
 Semi-Annually
 Annually

DECLARATION & MANDATORY DOCUMENTS

I/We ratify that the information provided in the form is correct and that I/We have read and understood the guidelines as stated in the Trust Deed and Offering Document of the Fund and risks involved. I/We have provided unaltered copies of documents required for opening of my account with FCIL.

 Signature

 Signature

 Signature

 Signature

FOR OFFICE USE ONLY					
Distributor/Facilitator Name/code	Signature of Distributor/Facilitator	Date & Time	Form Received on (Date & Time)	Particulars Verified By Name & Signature	Data Input By

FCIL Sales Referred By			
Name	CNIC No:	FCIL Employee card No.	FCIL Branch Address



FCIL First Capital Investments Limited

GUIDELINES

General Instructions:

1. **Please complete the Investor Account Opening Form in BLOCK LETTERS and write with a ball pen.**
2. This form is a one-time requirement only at the time of account opening.
3. Upon completion and submission of this form you will be provided a customer's copy duly signed and stamped by the authorized representative.
4. For change in the Unit Holder's Register such as address, phone numbers, bank details, dividend option or tax option, unit holders may please fill the **Service Request Form**

Institutional Account Holder Information:

5. In case of Partnership or Trust, application shall be made in the name of the partner(s) or trustee(s).

Type of Institution:

6. Ensure that the type of institution and its Registration/Incorporation/NTN Number is clearly mentioned in the form. All non-Resident companies need to tick mark the box assigned for this purpose.
7. In case of tax exemption, if the Account Holder selects 'Yes', they should provide documentary evidence i.e. Tax Exemption Certificate.

Authorized Signatory (ies) Information:

8. Names of Authorized Signatory (ies) need to be specified along with CNIC No. & Signatures under institutional rubber stamp.

Mode of Payment (For Redemption / Dividend Mandate):

9. Payment to Unit Holder(s) shall be made through crossed cheque/pay order/demand draft/bank transfer. However, in case of online transfer, the bank account status should be "Online" for the said transfer. Any error in filling this information may cause delay in transfer of funds to the said Account Holder(s) or in case of any discrepancy in the bank details, payment will be made through crossed cheque/pay order/demand draft. Please select only one appropriate method of payment.

Other Instructions:

10. The Registrar will send directly to each Account Holder, an account statement upon every transaction/activity in the account. However, Account Holder(s) may indicate its desire to retrieve more frequent statement of accounts.

APPLICATION CHECKLIST (PLEASE TICK THE BOX)

- Copies of valid CNIC of all authorized signatories
- List of Directors and other Key Officers
- Certified true Copy of Memorandum and Articles of Association/By-Laws/Prospectus/Trust Deed/Partnership Deed
- Copy of latest Audited Accounts of the Company/latest financials of Partnership/Society/Association/Trust
- Copy of Board Resolution (in case of Public/Private Ltd.)
- Copy of Power of Attorney or other document authorizing the officer to operate the account
- Copy of Registration/NTN Certificate (in case of Sole Proprietorship)
- Copy of Certificate of Incorporation/Registration/Commencement of Business
- Documentary evidence for tax exemption (if tax exempted)
- Documentary evidence for Zakat exemption (if zakat exempted)
- Any other Instructions/Documents (attached)
- Signature Specimen for authorised signatories.

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

First Capital Investments Limited

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