FCIL First Capital Investments Limited

INVESTMENT FORM (INDIVIDUALS AND INSTITUTIONS) **Form :FCIL - 02**

Date:	DD	MM	YYYY	**Registration No.**	

PRINCIPAL ACCOUNT HOLDER:

Name: Mr./Mrs./Messrs: (as per CNIC for individuals)	
Contact No:	

INVESTMENT DETAILS:

Name of Fund	**Type**	**Amount in Rs.**	**Amount in Words**
First Capital Mutual Fund			

PAYMENT INSTRUMENT DETAILS:

Date	**Cheque/Pay Order/DD Number**	**Bank Name**	**Branch**

UNIT MODE OF HOLDING:

Account Statement ☐ Physical Units ☐ CDC Account (mention detail below) ☐

CDS Information: Participant/ IAS ID:	Client/ House/ Investor A/C No:

NOTE:

- Please prepare payments Instruments in favour of **"CDC Trustee – First Capital Mutual Fund"** and crossed "Payee Account Only"
- Please write your Registration No. (If any) or CNIC No. (in case of new Investor)
- In case where signature on form and cheque are different, the form must also be signed by the cheque issuer
- In any case cash will not be accepted. If the cheque is returned unpaid, the transaction of that day will be rejected

DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNTS HOLDER(s)

I/We hereby confirm that all information provided in this form is true and correct to the best of my knowledge. I also confirm having read and understood the trust deed, Offering Documents, Supplemental Trust Deeds, and Supplemental Offering Documents that govern the transactions and further acknowledge understanding of the risks involved in mutual funds.

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Signature of Principal/ Joint Account Holder(s) (with rubber stamp in case of institutional Clients)

FOR OFFICE USE ONLY:

DISTRIBUTOR/FACILITATOR:

Distributor/ Facilitator Name/ Code	**Signature of Distributor/ Facilitator**	**Transaction No.**	**Form receiving (Date & Time)**

REMARKS:

FOR REGISTRAR:

Form receiving (Date & Time)	**Input by**	**Verified by**

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

First Capital Investments Limited

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