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. | | | | | | | | |

Folio No. | | | | | | | | | | | | | | | |

Date (DD-MM-YYYY) | | | - | | | - | | | | |

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 Status	☐Individual ☐Company ☐Pension Fund ☐Provident Fund ☐Insurance Company ☐Commercial Bank ☐ Modaraba ☐Non Profit Organization ☐NBFC	
	Zakat Deduction ☐Yes ☐No	Income Tax Exemption ☐Yes ☐No ☐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.:**_____

Resident / Non Resident Status: _____

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**	

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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 PAYEMNT (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
☐ Send by 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 ad 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

Individual Tax Residency Self-Certification Form CRS-I

Please complete Parts 1– 3 in BLOCK CAPITALS. Fields marked with a * are mandatory.
Note: Fill and complete Part 2 only if Tax Residency is other than USA & Pakistan otherwise mark "Not Applicable (N/A)".

Part 1

A. Name of Account Holder:*

Family Name or Surname(s)			
First or Given name(s)		Middle Name(s)	

B. Current Residence Address:*

Line 1 House/Apt/Suite Name, Number, Street)			
Line 2 Town/City Province/County/State			
Country		Postal Code / ZIP code	

C. Mailing Address: (Only complete if different from the address shown in Section B above)

Line 1 House/Apt/Suite Name, Number, Street)			
Line 2 Town/City Province/County/State			
Country		Postal Code / ZIP code	

D. Place of birth*

Town or City of Birth*	Country of Birth*

Part 2

Please provide in the table below information about Account Holders country of tax residence/tax filer/payer. If the Account Holder is a tax resident/filer/payer in more than three countries please use a separate sheet.

(Mandatory only if country of tax residence is other than Pakistan & USA otherwise mark "Not Applicable (N/A)".)

	(i) Country where tax is paid (Tax Residency)	**(ii)**NTN/TIN or any form of tax identification number	**(iii)**If NTN/TIN or any form of tax identification number is not available enter **Reason A, B or C**
1			
2			
3			

If a TIN is unavailable please provide the appropriate reason A, B or C:

Reason A The country where the Account Holder is liable to pay tax does not issue TINs /NTN to its residents

Reason B The Account Holder is unable to obtain a NTN/TIN or equivalent number.

Reason C No TIN/NTN is required. (Note. Only select this reason if the authorities of the country of tax residence entered below do not require the NTN/TIN to be disclosed)

Please explain in the following boxes why you are unable to obtain a TIN if you selected **Reason B** above.

1	
2	
3	

Part 3
Declarations and Signature*

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with UBL setting out how UBL may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder (or am authorized to sign for the Account Holder) of all the account(s) to which this form relates.

I declare that I have neither asked for, nor received, any advice from UBL in determining my classification as a Reportable Person or otherwise.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise UBL within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide UBL with a suitably updated self-certification and Declaration within 90 days of such change in

Capacity:*

Signature:*

Print name:*

Date*_____

Note: If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of power of attorney.

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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 singed 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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