AKD Investment Management Ltd.

Ref #

(AKDIML – 08)

Sahulat Sarmayakari
Account Opening Form

AKD Investment Management Ltd.

Date: _____

SECTION A: PRINCIPAL ACCOUNT HOLDER

Name: (Mr/ Mrs/ Ms):			
Father's/ Husband's Name:		Mother's Maiden Name:	
CNIC/ Passport No:		CNIC Issue Date:	
CNIC Expiry Date:	Date of Birth:	Place of birth:	Religion:
Marital status: ☐ Married ☐ Single	Nationality:	Resident: ☐ Yes ☐ No	
Mailing address:			
Permanent Address:			
Province:	Mobile no:	Phone No.:	Email Address:

SECTION B: NEXT OF KIN DETAILS (OPTIONAL)

Name (Mr/ Mrs/ Ms):	
Mobile No.:	Relation with Principal Account Holder:

SECTION C: BANK DETAILS (Note: Bank Account must be in the name of the Principal Account Holder)

Bank Account Title:	Bank Name:	
Bank Account/ IBAN No.:	Branch Name:	Branch Code:

SECTION D: OPERATING INSTRUCTIONS

1. Payout Instructions: ☐ Reinvest Dividend ☐ Disburse Dividend

2. Zakat Deduction ☐ Yes ☐ No* (*kindly provide Zakat Exemption Affidavit)

3. Purpose and intended nature of business relationship: Investment (others please specify)

SECTION E: SERVICE OFFERED

Information via Electronic Mode (Transactional & Periodic)

☐ Accept ☐ Deny (Incase of deny, information will be sent through post)

Account Statement Correspondence Frequency (Please choose one of the options)

☐ Monthly ☐ Quarterly ☐ Semi- Annually ☐ Annually

SECTION F: KNOW YOUR CUSTOMER (KYC)

Source of Income: ☐ Salary ☐ Business ☐ Inheritance ☐ Savings/ In ☐ Other, Please specify:

Occupation: ☐ Private Service ☐ Govt. Service ☐ Homemaker ☐ Student ☐ Retired ☐ Self-Employment ☐ Real Estate Dealer ☐ Metals & Precious Stones Dealer

☐ Lawyer/ Legal Advisor ☐ Accountant/ Tax advisor ☐ Other, Please specify: | Nature of Business (Sole Proprietor):

In case of Homemaker/ Student, please specify dependency on: | Monthly Income:

Taxpayer Identification Number:

Please select the applicable option for the following:

a) 1) Are you a resident/ national of any country other than Pakistan? (If "Yes", please fill point #2 below):	☐ Yes	☐ No	
2) Do you belong to a country that is not part of FATF (Financial Action Task Force*):	☐ Yes	☐ No	
b) Do you have any business relationship or transactions in/ from offshore Tax Haven countries?	☐ Yes	☐ No	
c) Has any Financial Institution ever refused to open your account.	☐ Yes	☐ No	
d) Do you deal in high value items i.e. Gold, Silver, Diamonds, Metals, Gems etc?	☐ Yes	☐ No	
e) Are you a resident or inhabitant of Southern Punjab or Afghan Border?	☐ Yes	☐ No	
f) Do you hold a high profile position i.e. Sports or Media Personality?	☐ Yes	☐ No	
g) Are you acting on behalf of any other person? (If "yes", please provide "Declaration for Ultimate Beneficial Ownership").	☐ Yes	☐ No	
h) Are you a US citizen?	☐ Yes	☐ No	
i) Do you hold a US permanent resident card (Green Card)?	☐ Yes	☐ No	
j) Standing instructions to transfer funds to an account maintained in USA?	☐ Yes	☐ No	
k) Do you have any power of Attorney/Authorized Signatory/Mandate holder having US address?	☐ Yes	☐ No	
l) Do you have US Telephone Number?	☐ Yes	☐ No	
m) Are you a domestic or foreign "Politically Exposed Person" (PEP)?	☐ Foreign	☐ Domestic	☐ Neither
n) Are you a family member or close associate of a domestic or foreign "Politically Exposed Person" (PEP)?	☐ Foreign	☐ Domestic	☐ Neither

*** FATF members:** Argentina | Australia | Austria | Belgium | Brazil | Canada | China | Denmark | Finland | France | Germany | Greece | Hong Kong (China) | Iceland | India | Ireland | Italy | Japan | Korea |Luxembourg | Malaysia | Mexico | Netherlands | New Zealand | Norway | Portugal | Russian Federation | Singapore | South Africa | Spain | Sweden | Switzerland | Turkey | United Kingdom | United States

SECTION G: DECLARATION

I understand that the information provided by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with AKD Investment Management Limited.

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 a 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 related.

I declare that I have neither asked for, nor received, any advice from AKDIML 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.

Specimen Signature for records

Principal/ Authorized Signature

FEEDBACK:

The information listed above is correct: ☐ Yes ☐ No

How satisfied is the customer: ☐ Very Satisfied ☐ Satisfied ☐ Neither satisfied nor dissatisfied ☐ Dissatisfied ☐ Very Dissatisfied

Other comments:

Verified by: _____ Signature:_____

Reference Notes: If any field is not applicable, please write N/A. Management Company or Trustee has the right to reject application. All correspondence will be made with the Principal Holder. Web portal User ID and Password (if request) shall be sent via Email. Zakat Exemption is required for Zakat Exemption. Zakat deduction will not be applicable.

FOR OFFICIAL USE:

Channel Partner:_____ Region/ City:_____ Branch name/ Code: _____

Relationship Manager:_____ Comments: _____