

Investment Application Form
(for Individual)



Lucky Investments

Kindly Avoid Cash Transaction, therefore please make the payment
through Cross Cheque or Online Transfer.

رجاءً مسربانی تقدیم و دینے سے پرے جز کریں
لہذا کراس چیک یا آن لائن نانفس کے ذریعے داں جانی کریں۔

Day	Month	Year	Folio Number:

PRINCIPAL ACCOUNT HOLDER

Name(as per CNIC) Mr. /Mrs. /Ms. /Ms																								
Contact No.																								

Investment Detail

Name of Fund	Type	Amount in Rs.	Amount in Words

Payment Instrument Details

Date	Cheque No. / Online Transfer	Bank Name	Branch

For Monthly/Quarterly Saving Payment Options

<input type="checkbox"/> 100% Profit	<input type="checkbox"/> 90% Profit periodically & remaining at financial year end
<input type="checkbox"/> 90% Profit with capital growth	<input type="checkbox"/> Systematic withdrawal Rs. _____ <small>(In case of fixed withdrawal amount, principal amount may be diminished)</small>

Frequency of Payment

<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually

I authorize LIL to redeem my units to pay requested amount at regular interval based in the above instruction.

Units Mode Holdings (Optional)	<input type="checkbox"/> Account Statement	<input type="checkbox"/> Physical Units	<input type="checkbox"/> CDS Account (mention details below)
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CDS Information: Participant/IAS ID: _____ Client / House / Investor A/c #: _____

Cooling Off Rights for Investor

- Individual investor(s) can claim refund of their first time investment in a fund (cooling off right) along with deducted front end (if any) within the cooling off period, however this refund will be subject to the deduction of any applicable contingent load (back end load) and taxes.
- Cooling off period shall be three business day commencing from the date of issuance of Investment Acknowledgment Letter.
- Refund can be obtained by submitting written request at any of LIL office/branch.
- The units held will be redeemed at the redemption price applicable on the date of submission of request (as per applicable cut off timings) and payment will be made within 6 business days.

Note:

- Please write your Account No. (if any) or CNIC No. (In case of new investors) on the front of cheque. In any case cash will not be accepted. If the cheque is returned unpaid, the transaction of that will be rejected. For Name and type of Funds please refer to the next page. Please prepare payment instrument-CDC Trustee (fund name/plan name)

Declaration and Specimen Signature of Account Holder(s)

I/We hereby confirm that all information provided in this form is true and correct to the best of my/our knowledge. I/We confirm that the representative of LIL/distributor has explained the features and risk of the product and I/we have understood these features and risks in which I/we have agreed to invest. I/We agree that I/we shall assume sole responsibility for determining the merits or suitability of any and all advice and/or recommendations of LIL before relying on the same to enter into any transaction. I/We will not hold LIL responsible for any loss which may occur as a result of my/our decision. I/We further confirm that I/We have read the Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern these Investment transactions. I/We have been fully informed and understand that investment in units of mutual funds/CIS are not bank deposits, not guaranteed and not issued by any person. Shareholders of AMCs are not responsible for any loss to investor resulting from the operations of any CIS launched/to be launched by AMCs unless otherwise mentioned. I/We also confirm having the knowledge of applicable load percentages specified on the page 2 of this form. I acknowledge that I have read the Key Fact Statement at the time of investment, and I have read and understood the terms and conditions to the best of my knowledge and have retained copy of the same.

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

Form Received By	Name & Signature of Reporting Agent	Signature and Stamp of Distributor
Order Number		
Reporting Date	Trade Authorized by	Signature and Stamp of Transfer Agent
Order Authorized by		

DECLARATION AND SPECIMEN SIGNATURE OF ACCOUNT HOLDER(s):

I/We have read and understood the Fund Manager Report, associated charges and the Risk Level of the invested fund as mentioned above.

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

Risk Profile Form



Lucky Investments

TO BE FILLED BY INVESTOR

Help us understand your needs better. Kindly the form below to give you a customized solution for your investment goals. Circle the below responses as per your choices:

Name:	
Folio No.:	

Already Provided: No change in previous details

Age (in yrs) I. Above 60 2. 50-60 3. 40-50 4. Below 40

Risk-Return Tolerance Level	Monthly Saving	Occupation
<input type="checkbox"/> 1. Lower Risk, Lower Returns	<input type="checkbox"/> 2. Rs. 1,000 - Rs. 25,000	<input type="checkbox"/> 1. Retired
<input type="checkbox"/> 4 . Medium Risk, Medium Returns	<input type="checkbox"/> 3 . Rs. 25,000 - Rs. 50,000	<input type="checkbox"/> 2 Housewife/Student
<input type="checkbox"/> 8 . Higher Risk, Higher Returns	<input type="checkbox"/> 4 . Above Rs. 50,000	<input type="checkbox"/> 3 . Salaried

Investment Objective	Your Level of Knowledge of Investments and Financial Markets?	Investment Horizon
<input type="checkbox"/> 2. Cash Management <input type="checkbox"/> 4 . Monthly Income <input type="checkbox"/> 8 . Capital Growth/Long Term Saving/Retirement	<input type="checkbox"/> 2. Limited/Basic/Average <input type="checkbox"/> 3. . Good/Excellent	<input type="checkbox"/> 2. Less than 6 months <input type="checkbox"/> 4 . 6 months to 1 year <input type="checkbox"/> 6 . 1 year to 3 years <input type="checkbox"/> 8 . More than 3 years

Now, please add the scores corresponding to your selected choices & calculate in the below table to find your ideal investment fund.

Calculate your Ideal Portfolio	Scores	Investor Portfolio	Funds
	33-39	Aggressive	Equity
	24-32	Balanced	Income (Medium)
	15-23	Stable	Income (Moderate)
	11-14	Conservative	Money Market

NOTE:

I/We hereby confirm that all information provided in this form is true and correct to the best of my/our knowledge. I/We also confirm having read and understood the Trust Deeds, Offering Documents, Supplemental Offering Documents that govern the transactions and further acknowledge understanding of the risks involved in Mutual Funds. Further, I/We declare to have understood and completed this entire Risk/Return Profiling Questionnaire.

I/We understand and agree that as per my/our Risk, Lucky Investments has suggested the above fund category to me/us but I/we can/may invest in any other fund category as per my/our discretion.

Signature of Principal / Joint Account Holder (s)

Name of Sales Person	Name of Manager
Signature of Sales Person	Signature of Manager

Risk Disclosure Statement (for Individual)



Lucky Investments

Name of Funds	Risk Profile	Recommended Investment Duration	Account Payee Title	Sales Load (Up to)
• Lucky Islamic Stock Fund	High	3-5 years & above	CDC Trustee Lucky Islamic Stock Fund	3.00%
• Lucky Islamic Energy Fund	High	3-5 years & above	CDC Trustee Lucky Islamic Energy Fund	3.00%
• Lucky Islamic Income Fund	Medium	1-2 year(s) & above	CDC Trustee Lucky Islamic Income Fund	3.00%
• Lucky Islamic Fixed Term Fund	Low - Medium	Term Based	CDC Trustee Lucky Islamic Fixed Term Fund <Plan Name>	Not Applicable
• Lucky Islamic Cash Fund	Low	0-1 year(s) & above	CDC Trustee Lucky Islamic Cash Fund	3.00%
• Lucky Islamic Money Market Fund	Low	0-1 year(s) & above	CDC Trustee Lucky Islamic Money Market Fund	3.00%
• Lucky Islamic Pension Fund	Allocation Dependent	Minimum 60 years of age or 25 years of contribution	CDC Trustee Lucky Islamic Pension Fund	3.00%

TO BE FILLED BY INVESTOR

I/We confirm that I/we am/are investing in _____ Fund and the risk level of this fund is mentioned in the table given above. I/We confirm that I/We will not hold LIL responsible for any loss which may occur as a result of my/our decision. I/We further agree that LIL has advised us to select a specific fund category as per my/our risk profile. However, I/we reserve the discretion to invest in any other fund category. I/we further confirm that I/we have read the Fund Manager Report, Trust Deeds, Offering Documents, Supplemental Trust Deeds and Supplemental Offering Documents that govern these investment/conversion transaction.

میں/ہم اس بات کی تصدیق کرتے ہیں کہ میں/ہم _____ فنڈ میں سرمایہ کاری کر رہے ہیں اور اس فنڈ کے ریسک یوں کا ذکر نیچے جدول میں کیا گیا ہے۔ میں/ہم اس بات کی تصدیق کرتے ہیں کہ میں/ہم لکی انسٹیٹیوٹ لیمیٹڈ (لکی) کوئی بھی نقصان کیلئے ذمے دار نہیں تھا ایسیں گے جو میرے ہمارے فضائل کے نتیجے میں ہو سکتا ہے۔ میں/ہم مزید اتفاق کرتے ہیں کہ لکی نے میرے ہمارے ریسک پر وسائل کے مطابق ایک مخصوص فنڈ کیلئے کی تجویز پیش کی ہے۔ تاہم، مجھے/ہمارے پاس کسی بھی فنڈ کے ذمہ میں سرمایہ کاری کرنے کی صواب دیدی ہے۔ میں/ہم مزید تصدیق کرتے ہیں کہ میں/ہم نے فنڈ نہیں کری رپورٹ، ہر سو ڈیم، آفرنگ ڈاکومنٹ، خمنی ڈاکومنٹ اور خمنی آفرنگ ڈاکومنٹ کو پڑھا ہے۔

Dated

Signature of Principal / Joint Account Holder(s)

Declaration and Specimen Signature of the Sales Person

I, _____, hereby confirm the following:

- I have explained the risk of the fund being sold to investor
- I have explained that the principal is at risk (in case of high risk funds) and the investor can lose money
- I have not made or implied any guarantee with respect to return or investment amount
- I have not quoted an fixed return percentage or amount to the investor
- I have shown all the relevant material before finalizing the investments (i.e. FMR, Marketing Material etc)

Name & Signature of Sales Agent

Name & Signature of Immediate Supervisor

Date

Date