

Account Opening Form for Individual CIS & VPS



Lucky Investments

Day	Month	Year

For Office Use Only:

FOLIO NO:

NOTE: ALL FIELDS IN THE FORM ARE MANDATORY UNLESS MENTIONED OTHERWISE. FILL IN THE BLOCK LETTERS WITH BLUE/BLACK PEN

TYPE OF ACCOUNT: <input type="checkbox"/> CIS <input type="checkbox"/> VPS																													
PRINCIPAL ACCOUNT HOLDER (As per Identity Document i.e. CNIC/Passport)																													
Name Mr./Mrs./Ms. _____																													
Father's/Husband's Name: _____					Mother's Maiden Name: _____																								
CNIC/NICOP/Passport No: _____					Issuance Date	D	D	M	M	Y	Y	Y	Y	Expiry Date	D	D	M	M	Y	Y	Y	Y							
<input type="checkbox"/> Single		<input type="checkbox"/> Married		<input type="checkbox"/> Muslim	<input type="checkbox"/> Non Muslim	Place of Birth: _____					Date of Birth					D	D	M	M	Y	Y	Y	Y						
Nationality: _____					Dual Nationality: <input type="checkbox"/> No <input type="checkbox"/> Yes					If Yes, please specify: _____																			
Mailing Address: _____										City: _____					Country: _____														
Current Address (as per CNIC): _____										City: _____					Country: _____														
If Mailing Address is different from Current CNIC Address then additional document such as Utility Bill / Rental Agreement / etc. will be required																													
Residential Status: <input type="checkbox"/> Pakistan Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Resident Foreign National <input type="checkbox"/> Non-Resident Foreign National																													
CONTACT DETAILS																													
Email: _____																													
Tel Res/Office: _____					Mobile: _____					Mobile Network: _____																			
IN CASE OF MINOR ACCOUNT			Name of Guardian: _____																										
Relation with Principal: _____					Guardian CNIC: _____					CNIC Expiry Date: _____					D	D	M	M	Y	Y	Y	Y							
BANK ACCOUNT DETAIL OF PRINCIPAL ACCOUNT HOLDER FOR REDEMPTION AND DIVIDEND PAYMENTS																													
Bank Account No. (IBAN preferred) _____																													
Bank Name: _____										Branch: _____					City: _____														
JOINT ACCOUNT HOLDERS																													
(Joint holder can be Spouses, Siblings, Parents / Grand Parents and Children. Documentary evidence i.e., CNIC, Marriage Certificate, Family Registration Certificate (FRC), etc. may be required)																													
Joint Holder 1					Relation with Principal: _____										Customer ID (if any): _____														
Name: _____																													
CNIC/NICOP/Passport: _____					Issuance Date	D	D	M	M	Y	Y	Y	Y	Expiry Date	D	D	M	M	Y	Y	Y	Y							
Joint Holder 2					Relation with Principal: _____										Customer ID (if any): _____														
Name: _____																													
CNIC/NICOP/Passport: _____					Issuance Date	D	D	M	M	Y	Y	Y	Y	Expiry Date	D	D	M	M	Y	Y	Y	Y							
SPECIAL INSTRUCTIONS																													
Account Operating Instructions: <input type="checkbox"/> Principal Account Holder Only <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Any Two <input type="checkbox"/> All																													
Dividend Mandate: <input type="checkbox"/> Cash or <input type="checkbox"/> Reinvest					Stock Dividend: _____					Issue Bonus Units or _____					Encash Bonus Units _____														
Communication Mode: All communications will be sent electronically. If you wish to receive it physically, please tick mark () Physical Communication.																													
DETAIL ABOUT LUCKY ISLAMIC PENSION FUND (LIPF) ACCOUNT										(Applicable for LIPF Account Only)																			
Expected Retirement Date		D	D	M	M	Y	Y	Y	Y																				
Select any one Allocation Scheme as per Risk Profile. For Allocation proportion and related details, visit our website.																													
<input type="checkbox"/> High Volatility					<input type="checkbox"/> Medium Volatility					<input type="checkbox"/> Low Volatility					<input type="checkbox"/> Lower Volatility					<input type="checkbox"/> Life Cycle Plan									
<input type="checkbox"/> High Volatility with Gold					<input type="checkbox"/> Medium Volatility with Gold					<input type="checkbox"/> Low Volatility with Gold																			
<input type="checkbox"/> Customized Allocation Scheme _____ (0%-100%) Debt										<input type="checkbox"/> (0%-100%) Equity					<input type="checkbox"/> (0%-100%) Money Market					<input type="checkbox"/> (0%-100%) Gold									
Principal Account Holder										Joint Account Holder 1										Joint Account Holder 2									

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Lucky Investments

KYC DETAILS OF PRINCIPAL ACCOUNT HOLDER

(Mandatory for Compliance as per Regulatory requirements)

Source of Income	<input type="checkbox"/> Business/Self-Employed	<input type="checkbox"/> Salary	<input type="checkbox"/> Pension	<input type="checkbox"/> Rent	<input type="checkbox"/> Profit/Dividend	<input type="checkbox"/> Other _____
Source of Wealth	<input type="checkbox"/> Inheritance		<input type="checkbox"/> Remittances	<input type="checkbox"/> Savings	<input type="checkbox"/> Stocks/Investment	<input type="checkbox"/> Other _____
Name of Employer/Business (if Applicable):						
Designation:		Nature of Business: <small>In-case of Sole Proprietor only</small>				
Education	<input type="checkbox"/> Undergraduate		<input type="checkbox"/> Graduate	<input type="checkbox"/> Postgraduate	<input type="checkbox"/> Professional	<input type="checkbox"/> Other _____
Geographies involved	Domestic	<input type="checkbox"/> Sindh	<input type="checkbox"/> Punjab	<input type="checkbox"/> KPK	<input type="checkbox"/> Balochistan	<input type="checkbox"/> Other _____
Type of Counter Parties <small>In-case of Sole Proprietor only</small>	Domestic	<input type="checkbox"/> Sindh	<input type="checkbox"/> Punjab	<input type="checkbox"/> KPK	<input type="checkbox"/> Balochistan	<input type="checkbox"/> Other _____
Possible Modes of Transactions	<input type="checkbox"/> Online <input type="checkbox"/> Physical <input type="checkbox"/> Both			Expected No. of Transactions (Monthly) _____		
Expected Turnover in Account	<input type="checkbox"/> Monthly Rs. _____ or <input type="checkbox"/> Annually Rs. _____					
Expected Amount of Investment	<input type="checkbox"/> Up to Rs. 2.5 M		<input type="checkbox"/> Rs. 2.5 M to Rs. 5 M		<input type="checkbox"/> Rs. 5 M to Rs. 10 M	<input type="checkbox"/> Above Rs. 10 M
Annual Income	<input type="checkbox"/> Up to Rs. 1 M	<input type="checkbox"/> Rs. 1 M to Rs. 3 M	<input type="checkbox"/> Rs. 3 M to Rs. 6 M	<input type="checkbox"/> Rs. 6 M to Rs. 8 M	<input type="checkbox"/> Rs. 8 M to Rs. 10 M	<input type="checkbox"/> Above Rs. 8 M
Please Select as applicable				Principal	Joint 1	Joint 2
<ul style="list-style-type: none"> Has any Financial Institution ever refused to open your (customer) account? Are you (customer) financially dependent or supported by another person? Do you (customer) deal in high value items such as Gold, Silver, Diamonds etc.? Customer's source of Wealth/Income is High Risk/Cash Incentive. Do you (customer) have any links to offshore tax haven countries? 				<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes
Are you a Politically Exposed Person (PEP) i.e. Have you ever been entrusted with any of the following function(s) either in Pakistan/ Abroad or Do any of your family member or Close Associate are PEP? (PEP definition includes following)				Principal	Joint 1	Joint 2
<ul style="list-style-type: none"> Head of the State or of government, senior politicians, senior government/judicial/military official of grade 20 or above, Senior executive of state-owned corporations, important political party officials, senior management or member of board of international organizations. 				<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

RISK PROFILE DETAILS

(Points Allocated with each category)

Age (in years)	<input type="checkbox"/> 1. Above 60	<input type="checkbox"/> 2. 50-60	<input type="checkbox"/> 3. 40-50	<input type="checkbox"/> 4. Below 40
Risk-Return Tolerance Level	<input type="checkbox"/> 1. Lower Risk, Lower Returns		<input type="checkbox"/> 4. Medium Risk, Medium Returns	<input type="checkbox"/> 8. Higher Risk, Higher Returns
Monthly Savings	<input type="checkbox"/> 2. Rs. 1,000-Rs. 25,000		<input type="checkbox"/> 3. Rs. 25,000-Rs. 50,000	<input type="checkbox"/> 4. Above Rs. 50,000
Occupation	<input type="checkbox"/> 1. Retired	<input type="checkbox"/> 2. Housewife/Student	<input type="checkbox"/> 3. Salaried	<input type="checkbox"/> 4. Self Employed / Business
Investment Objective	<input type="checkbox"/> 2. Cash Management		<input type="checkbox"/> 4. Monthly Income	<input type="checkbox"/> 8. Capital Growth/Long Term Savings/Retirement
Your Level of knowledge of Investments and Financial markets?	<input type="checkbox"/> 2. Limited/Basic/Average		<input type="checkbox"/> 3. Good/Excellent	
Investment Horizon	<input type="checkbox"/> 2. Less than 6 months		<input type="checkbox"/> 4. 6 months to 1 year	<input type="checkbox"/> 6. 1 to 3 years <input type="checkbox"/> 8. More than 3 years

Add the scores corresponding to above selected choices and use the table given below to find the ideal investment fund.

Calculate ideal Portfolio	Scores	Investor Portfolio	Fund
	33-39	Aggressive	Equity
	24-32	Balance	Income (Medium Risk)
	15-23	Stable	Income (Moderate Risk)
	11-14	Conservative	Money Market

NEXT OF KIN (Optional)

Name																			
Contact Number																			
Address																			

BENEFICIARY DETAILS

If you are acting and investing on behalf of any other person (ultimate beneficiary), please provide the following details of ultimate beneficiary;

Name of Ultimate Beneficiary																			
Relation with Customer	CNIC/NICOP/Passport No: _____																		

Please provide copy of CNIC/NICOP/Passport as applicable.

Note: Ultimate beneficiary is an individual who has any legitimate relationship with the customer. If you do not disclose the ultimate beneficiary, you undertake that you are the ultimate beneficial owner of the invested funds.

Principal Account Holder

Joint Account Holder 1

Joint Account Holder 2

Account Opening Form For Individual CIS & VPS



Lucky Investments

GUIDELINES FOR INVESTORS

Read and Understood

- Ensure that Bank Details, Email Address, Contact Number and other information are properly mentioned on the form.
- Ensure that you have reviewed the Fund Manager Report (FMR).
- LIL does not offer any kind of fixed return on investments and all the investments are subject to market risk.
- You will receive a Welcome Letter on your provided address after materialization of Investment Account.
- You will receive an Investment Acknowledgment Letter on your provided email address after materialization of Investment amount.
- You will receive Daily/Monthly E-Statement on your provided email address (as applicable).
- In case of Minor account, it is the responsibility of the successor (where guardian is deceased) to distribute the shares among all other legal heirs in light of applicable Shariah guidelines as per your Fiqha following.
- In-case of LIPF account or singly operated (CIS) account, the deceased claim can only be made through Succession Certificate.

Note: In case of deficiency observed in any of the above provided information, the customer has to inform LIL by calling on our UAN 111-LUCKY1 (582-591) or emailing on info@luckyinvestments.com.pk. If no deficiency or discrepancy reported, LIL will not be responsible for the caused losses.

NOTE AND DECLARATION STATEMENTS

I/We understand and agree that as per my/our Risk Profile, Lucky Investments has suggested suitable fund category to me/us but I/we can/may invest in any other fund category as per my/our discretion. I/We confirm that I/We am/are aware of associated risks with investment in suitable fund category and 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 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 also confirm having the knowledge of applicable load percentages specified on the second page of the investment form. In case of investment in LIPF, I have no objection to the investment and allocation policy determined by the commission and I am fully aware of the risks associated with the investment policy and the allocation policy chosen to invest.

I/We, hereby authorize Lucky Investments Limited to perform necessary verification related to Nadra Verisys, IBAN, Mobile Number and other external verification as and when required to open my/our account. In case any cooperation is required to complete the verification process, I/we will facilitate Al Meezan Investment Management Ltd accordingly.

Principal Account Holder		Joint Account Holder 1 For Office Use Only		Joint Account Holder 2	
APPLICATION CHECK LIST (to be filled by Sales Officer)					
Individual	<input type="checkbox"/> Copy of CNIC(s) <input type="checkbox"/> CRS	<input type="checkbox"/> Business/Employment proof <input type="checkbox"/> Health Questionnaire (where applicable)	<input type="checkbox"/> Zakat Declaration (where applicable) <input type="checkbox"/> FATCA Form	<input type="checkbox"/> Others	
Sales Person's Name (Preparer)	DAO Code	Sales Person's Signature		Signature and Stamp of Distributor	
Manager's Name and Signature (Reviewer)	Name & Signature of Reporting Person		Reporting Date	Signature and Stamp of Transfer Agent	
REMARKS					

REMARKS

The foreign Account Tax Compliance Act (FATCA) was signed into U.S. law on March 18, 2010, it is aimed at preventing U.S. taxpayers from using accounts held outside of the U.S. to evade taxes. Any financial institution that fails to comply with FATCA will face a 30% withholding tax on a wide range of U.S. sourced payments to its clients. Under U.S. federal tax law, Lucky Investments Limited. (LIL) is required to request certain taxpayer information from certain person who maintain an account at LIL (whether such persons are U.S. Taxpayers or not). Information collected will be used solely to fulfill LIL's requirements under U.S. federal tax law and will not be used for any other purpose

SECTION A

(1) This section must be completed by any individual who wishes to open an account.

(2) Please complete this form for Principal account holder only. In case of Minor, the form should be filled by Guardian for himself as well as for the Minor.

A. Title of Account (IN BLOCK LETTERS) _____

B. CNIC#: _____

C. Customer ID (for office use only): _____

D. Country of tax residence other than Pakistan: None USA Other _____

E. Place of Birth: City _____ State _____ Country _____

Please tick (✓) on appropriate check box		Documentation Required
1. Are you a US Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are you a US Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide Form W-9.
3. Do you hold a US Permanent Resident Card (Green Card)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Were you born in USA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <ul style="list-style-type: none"> • Please provide Form W-9, or • In case you claim to be a Non-US Person; please fill Section B of this form and provide Non-US Passport and Certificate of Loss of Nationality (i.e. Form I-407).
5. Standing instructions to transfer funds to an account maintained in USA	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Do you have any Power of Attorney/ Authorized Signatory/ Mandate holder having US Address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <ul style="list-style-type: none"> • Please provide Form W-9, or • In case you claim to be a Non-US Person; please fill Section B of this form supported by other documentary evidence establishing the non-US status.
7. Do you have US residence/ mailing / Sole Hold Mail address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Do you have US telephone number?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <ul style="list-style-type: none"> • Please provide Form W-9, or • In case you claim to be a Non-US Person; please fill Section B of this form and provide non-US Passport and other documentary evidence establishing the non-US status.

SECTION B

This Section must be filled by any individual who mark(s) any of the item number 4, 5, 6, 7 & 8 as 'Yes' but claims to be a Non-US Person along with documentary evidence.

I _____ declare that I have examined the information of this form and to the best of my knowledge and belief it is true, correct and complete. I further certify that I am not a US person and will provide form W-8BEN within 30 calendar days if required by IRS through LIL. I undertake to notify LIL within 30 days if this certification becomes incorrect.

Signature: _____

Declaration:

I hereby confirm the information provided above is true, accurate and complete. Subject to applicable local laws, I hereby consent for LIL to share my information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in any jurisdiction. Where required by domestic or overseas regulators or tax authorities, I consent and agree that LIL may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.

I undertake to notify LIL within 30 calendar days if there is a change in any information which I have provided to LIL. I will indemnify and hold harmless LIL from any loss, action, cost, expense (including, but not limited to sums paid in settlement of claims, reasonable attorneys' and consultant fees, and expert fees), claim, damages, or liability which arises or is incurred by LIL in discharging its obligations under FATCA and/or as a result of disclosures to the US tax authorities.

Dated: _____

US Taxpayer Identification Number (in case of US Person): _____ Signature: _____



For Individuals, Joint Accounts (CRS-I)

located outside Pakistan and/or United States of America (USA), we may be legally obliged to pass on the information in this form and

Please read these instructions carefully before completing the form

Chapter XIIA of Income Tax Rules, 2002 and Regulations based on the OECD Common Reporting Standard (CRS) require LIL to collect and report certain information about each person's tax residency. If your tax residence is located outside Pakistan and/or United State of America (USA), we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to Federal Board of Revenue (FBR) and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

You can find summaries of defined terms in the Glossary of Terms.

Please complete this form if you are an individual, a sole trader or sole proprietor. Please use a separate form for each individual of a Joint Account. In case of Minor Account, guardian should complete this form on behalf of account holder i.e. minor.

This form will remain valid unless there is a change in circumstances relating to information, such as the account holder's tax status or other information that makes this form incorrect or incomplete. In that case you must notify us and provide an updated self-certification.

PART 1

ACCOUNT HOLDER INFORMATION

Name of Investor:	Date of Birth:
Place of Birth:	City: Country:
Current Residence Address:	Mailing Address (Complete only if different from current address)
Address Line 1:	Address Line 1:
Address Line 2:	Address Line 2:
City:	City:
Province/State:	Province/State:
Country:	Country:

PART 2

CRS – DECLARATION OF TAX RESIDENCY (Please refer to Appendix – I for your tax residency status)

I am tax resident of Pakistan or/and USA **ONLY**.

Yes (Proceed to Part 4)
 No (Proceed to Part 3)



For Individuals, Joint Accounts (CRS-I)

Customer ID
(For Official Use Only)

PART 3

COUNTRY OF RESIDENCE FOR TAX PURPOSE

Please complete the following table indicating (i) the country where the Account Holder is resident for tax purposes and (ii) the Account Holder's Taxpayer Identification Number (TIN) or functional equivalent for each country indicated.

Please refer to the OECD website for more information on tax residency

<http://www.oecd.org/tax/automatic-exchange/crsimplementation-and-assistance/tax-residency/>

If Tax Identification Number (TIN) is not available, please tick (✓) the appropriate box with reason A, B or C as defined below and provide Supporting Evidence:

Reason A - The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents

Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number (*Please provide reasons if this is selected*)

Reason C - No TIN is required. (Note: Only select this reason, along - with evidence, if the domestic law of the relevant country does not require the collection of the TIN issued by such country)

	Country(ies) of Tax Residence	TIN or Equivalent	Tick (✓) ONE only (If TIN is not available)		
			Reason A	Reason B	Reason C
1					
2					
3					

If Reason B selected, please explain in the following box(es) why you are unable to obtain a TIN or Functional Equivalent

1	
2	
3	

PART 4

DECLARATION 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 Lucky Investments Limited setting out how Lucky Investments Limited 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/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account v information.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete. I undertake to submit a suitably updated Form within 30 days of any change in circumstances which affects the tax residency status or where any information contained herein to become incorrect.

I / We hereby allow/authorize Lucky Investments Limited (LIL) to conduct NADRA Verisys against my Computerized National Identity Card (CNIC), provided by me in this form.

Investor's Signature

Date

Investment Application Form



Lucky Investments

Kindly Avoid Cash Transaction, therefore please make the payment

برائے مہربانی تقدیر مতم دینے سے پرچم کریں
لہذا کراس چیک یا آن لائن ٹرانسفر کے ذریعے ادائیگی کریں۔

Day	Month	Year

Folio No.:

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	Front End Load to be charged

Payment Instrument Details

Date	Cheque No. / Online Transfer	Bank Name	Branch

For Monthly/Quarterly Saving Plan Payment Options

100% Profit 90% Profit periodically & remaining at financial year end
 90% Profit with capital growth Systematic withdrawal Rs. _____
(In case of fixed withdrawal amount, principal amount may be diminished)

Frequency of Payment

Monthly Quarterly
 Semi-Annually Annually

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

Units Mode Holdings (Optional) Account Statement Physical Units CDS Account (mention details below)

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 Portfolio 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 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 لیوں 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 ذمہ دار نہیں ٹھہرائیں گے جو میرے/ہمارے فیصلے کے نتیجے میں ہو سکتا ہے۔ میں/ہم مزید اتفاق کرتے ہیں کہ لکی نے میرے/ہمارے ریسک پروفائل کے مطابق ایک مخصوص فنڈ لیکھری 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 نیجگری پر پورٹ، ٹرست ڈیڈ، آفرنگ ڈاکومنٹ، ٹھنڈی ٹرست ڈیڈ اور ٹھنڈی 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