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: ☐ CIS ☐ 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

☐ Single ☐ Married | ☐ Muslim ☐ Non Muslim | Place of Birth: | Date of Birth D D M M Y Y Y Y

Nationality: | Dual Nationality: ☐ No ☐ Yes | If Yes, please specify:

Maling 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: ☐ Pakistan Resident ☐ Non-Resident ☐ Resident Foreign National ☐ 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: ☐ Principal Account Holder Only ☐ Either or Survivor ☐ Any Two ☐ All

Dividend Mandate: ☐ Cash or ☐ Reinvest

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.

☐ High Volatility ☐ Medium Volatility ☐ Low Volatility ☐ Lower Volatility ☐ Life Cycle Plan

☐ High Volatility with Gold ☐ Medium Volatility with Gold ☐ Low Volatility with Gold

☐ Customized Allocation Scheme _____(0%-100%) Debt _____ (0%-100%) Equity _____ (0%-100%) Money Market _____ (0%-100%) Gold

Principal Account Holder | Joint Account Holder 1 | Joint Account Holder 2

NO CASH ACCEPTABLE

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For Individual CIS & VPS

Lucky Investments

KYC DETAILS OF PRINCIPAL ACCOUNT HOLDER

(Mandatory for Compliance as per Regulatory requirements)

Source of Income	☐ Business/Self-Employed ☐ Salary ☐ Pension ☐ Rent ☐ Profit/Dividend ☐ Other _____
Source of Wealth	☐ Inheritance ☐ Remittances ☐ Savings ☐ Stocks/Investment ☐ Other_____
Name of Employer/Business (if Applicable):	
Designation:	Nature of Business: *In-case of Sole Proprietor only*
Education	☐ Undergraduate ☐ Graduate ☐ Postgraduate ☐ Professional ☐ Other _____
Geographies involved	**Domestic** ☐ Sindh ☐ Punjab ☐ KPK ☐ Balochistan ☐ Other_____ **International** ☐ FATF Compliant ☐ FATF Non-Compliant
Type of Counter Parties *In-case of Sole Proprietor only*	**Domestic** ☐ Sindh ☐ Punjab ☐ KPK ☐ Balochistan ☐ Other_____ **International** ☐ FATF Compliant ☐ FATF Non-Compliant
Possible Modes of Transactions	☐ Online ☐ Physical ☐ Both — Expected No. of Transactions (Monthly)_____
Expected Turnover in Account	☐ Monthly Rs._____ or ☐ Annually Rs._____
Expected Amount of Investment	☐ Up to Rs. 2.5 M ☐ Rs. 2.5 M to Rs. 5 M ☐ Rs. 5 M to Rs. 10 M ☐ Above Rs. 10 M
Annual Income	☐ Up to Rs. 1 M ☐ Rs. 1 M to Rs. 3 M ☐ Rs. 3 M to Rs. 6 M ☐ Rs. 6 M to Rs. 8 M ☐ Rs. 8 M to Rs. 10 M ☐ Above Rs. 8 M

Please Select as applicable	Principal	Joint 1	Joint 2
• Has any Financial Institution ever refused to open your (customer) account?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
• Are you (customer) financially dependent or supported by another person?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
• Do you (customer) deal in high value items such as Gold, Silver, Diamond etc.?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
• Customer's source of Wealth/Income is High Risk/Cash Incentive.	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
• Do you (customer) have any links to offshore tax haven countries?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ 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
• 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.	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes

RISK PROFILE DETAILS

(Points Allocated with each category)

Age (in years)	☐ **1.** Above 60	☐ **2.** 50-60	☐ **3.** 40-50	☐ **4.** Below 40
Risk-Return Tolerance Level	☐ **1.** Lower Risk, Lower Returns	☐ **4.** Medium Risk, Medium Returns	☐ **8.** Higher Risk, Higher Returns	
Monthly Savings	☐ **2.** Rs. 1,000-Rs. 25,000	☐ **3.** Rs. 25,000-Rs. 50,000	☐ **4.** Above Rs. 50,000	
Occupation	☐ **1.** Retired	☐ **2.** Housewife/Student	☐ **3.** Salaried	☐ **4.** Self Employed / Business
Investment Objective	☐ **2.** Cash Management	☐ **4.** Monthly Income	☐ **8.** Capital Growth/Long Term Savings/Retirement	
Your Level of knowledge of Investments and Financial markets?	☐ **2.** Limited/Basic/Average	☐ **3.** Good/Excellent		
Investment Horizon	☐ **2.** Less than 6 months	☐ **4.** 6 months to 1 year	☐ **6.** 1 to 3 years	☐ **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	High	Equity
	24-32	Medium	Capital Protected
	15-23	Moderate	Income
	11-14	Low	Money Market / Fixed Rate/Return

NEXT OF KIN (Optional)

Name			
Contact Number		Relation with Customer	
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.

NO CASH ACCEPTABLE

_____ 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.

اکاؤنٹ ہولڈر(ز) کا بیانِ حلفی اور نمونہ دستخط

میں سمجھتا ہوں/سمجھتی ہوں اور اس سے متفق ہوں کہ لکی انویسٹمنٹس لمیٹڈ نے مجھے فنڈ کی مندرجہ بالا کیٹیگری میرے رِسک پروفائل کے بنیاد پر تجویز کی ہے لیکن میں اپنی صوابدید پر کسی اور فنڈ کی کیٹیگری میں سرمایہ کاری کرسکتا ہوں/سکتی ہوں۔ میں بذریعہ ہذا تصدیق کرتا/کرتی/ہوں کہ اس فارم میں فراہم کی جانے والی معلومات بشمول KYC معلومات کے، میرے/میری/علم کے مطابق سچ اور درست ہیں۔ میں/جانتا/جانتی/ہوں اور متفق ہوں کہ لکی انویسٹمنٹس لمیٹڈ (لکی) نے میرے رِسک پروفائل (نقصان برداشت کرنے کی گنجائش/طاقت) مجھے ایک مخصوص فنڈ کیٹیگری تجویز کی ہے لیکن میں کسی بھی اور فنڈ کیٹیگری میں سرمایہ کاری کا حق محفوظ رکھتا/رکھتی/ہوں۔ میں یہ بھی تصدیق کرتا/کرتی/ہوں کہ میں اس فنڈ کیٹیگری میں سرمایہ کاری کے نتیجے میں درپیش خطرات سے بخوبی آگاہ ہوں اور میں/میرے/فیصلے کے نتیجے میں ہونے والے نقصان کی صورت میں لکی کو ذمہ دار نہیں ٹھیراؤں گا/گی۔
میں مزید تصدیق کرتا/کرتی/ہوں کہ میں نے ٹرسٹ ڈیڈز، آفرنگ دستاویزات، ضمنی ٹرسٹ ڈیڈز اور آفرنگ دستاویزات پڑھ لیا ہے۔ میں یہ بھی تصدیق کرتا/کرتی ہوں کہ میں سرمایہ کاری کے فارم کے دوسرے صفحے پر واضح کئے گئے لوڈ پرسنٹیج سے بھی بخوبی آگاہ ہوں۔
LIPF میں سرمایہ کاری کی صورت میں مجھے کمیشن کی جانب سے طے کی جانے والی سرمایہ کاری اور رقم مختص کرنے کی حکمت عملی پر کوئی اعتراض نہیں ہوگا اور میں سرمایہ کاری اور رقم مختص کرنے کی حکمت عملی سے درپیش خطرات سے بھی بخوبی آگاہ ہوں۔

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 Lucky Investments Limited accordingly.

Principal Account Holder	Joint Account Holder 1	Joint Account Holder 2

For Office Use Only

APPLICATION CHECK LIST

(to be filled by Sales Officer)

Individual
☐ Copy of CNIC(s) ☐ Business/Employment proof ☐ Zakat Declaration (where applicable) ☐ Others
☐ CRS ☐ Health Questionnaire (where applicable) ☐ FATCA Form

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

NO CASH ACCEPTABLE

FATCA Form - Individual Account

Lucky Investments

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	☐ Yes ☐ No	If yes, please provide Form W-9.
2. Are you a US Resident?	☐ Yes ☐ No	
3. Do you hold a US Permanent Resident Card (Green Card)?	☐ Yes ☐ No	
4. Were you born in USA?	☐ Yes ☐ No	If yes, • 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	☐ Yes ☐ No	If yes, • 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.
6. Do you have any Power of Attorney/ Authorized Signatory/ Mandate holder having US Address?	☐ Yes ☐ No	
7. Do you have US residence/ mailing / Sole Hold Mail address?	☐ Yes ☐ No	If yes, • 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.
8. Do you have US telephone number?	☐ Yes ☐ No	

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: _____

NO CASH ACCEPTABLE

Version: LIL-AOF-I-Form-100124

CRS Form For Tax Residency Self Certification

Lucky Investments

Customer ID
(For Official Use Only)

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)

NO CASH ACCEPTABLE

Version: LIL-AOF-I-Form-100124

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 _____

NO CASH ACCEPTABLE

(CRS Self Certification Form (07-2017)

Version: LIL-AOF-I-Form-100124

Investment Application Form

Lucky Investments

Kindly Avoid Cash Transaction, therefore please make the payment

برائے مہربانی نقد رقم دینے سے پرہیز 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 products 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)

NO CASH ACCEPTABLE

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 Dividend Yield Fund	High	3-5 years & above	CDC Trustee Lucky Islamic Dividend Yield Fund	3.00%
• Lucky Islamic Income Fund	Moderate	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 Capital Protected Fund	Medium	Term Based	CDC Trustee Lucky Islamic Capital Protected Fund <Plan Name>	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 me/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 رِسک لیول کا ذکر نیچے جدول میں کیا گیا ہے۔ میں/ہم اس بات کی تصدیق کرتے ہیں کہ میں/ہم لکی انویسٹمنٹ لمیٹڈ (لکی) کو کسی بھی نقصان کیلئے ذمے دار نہیں ٹھہرائیں گے جو میرے/ہمارے فیصلے کے نتیجے میں ہوسکتا ہے۔ میں/ہم مزید اتفاق کرتے ہیں کہ لکی نے میرے/ہمارے رِسک پروفائل کے مطابق ایک مخصوص فنڈ کیٹگری کی تجویز پیش کی ہے۔ تاہم، مجھے/ہمارے پاس کسی بھی فنڈ کے زمرے میں سرمایہ کاری کرنے کی صوابدید ہے۔ میں/ہم مزید تصدیق کرتے ہیں کہ میں/ہم نے فنڈ منیجر کی رپورٹ، ٹرسٹ ڈیڈ، آفرنگ ڈاکومنٹ، ضمنی ٹرسٹ ڈیڈ اور ضمنی 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:

1. I have explained the risk of the fund being sold to investor
2. I have explained that the principal is at risk (in case of high risk funds) and the investor can lose money
3. I have not made or implied any guarantee with respect to return or investment amount
4. I have not quoted an fixed return percentage or amount to the investor
5. 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

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