



# Investment Application Form

Life ko Plan karo...  
Aaj se!

Pure. Profit.

No. AMIM-02 - 2015

Day	Month	Year

Portfolio No.	
Old Reg. No.	

## PRINCIPAL ACCOUNT HOLDER

Name (as per CNIC)

Mr. / Ms. / M/s:

Contact No.:

## INVESTMENT DETAILS

Name of Fund	Type	Amount in Rs.	Amount in Words

## Payment Instrument Details

Date	Cheque/Pay Order/DD Number	Bank Name	Branch

## Payment Options for Monthly/ Quarterly Saving Plan (if applicable)

- ☐ 100% Profit ☐ 90 % profit periodically & remaining at the end of financial year  
☐ 90% profit with capital growth ☐ Systematic withdrawal Rs. \_\_\_\_\_

## Frequency of Payment (if applicable)

- ☐ Monthly ☐ Quarterly  
☐ Semi Annually ☐ Annually (for MSF)

**Unit Mode of Holding:** ☐ Account Statement ☐ Physical Units ☐ CDS Account (mention details below)

**CDS Information: Participant / IAS ID:**

Client / House / Investor A/c #:

## NOTE:

- For Name and Type of Funds please refer to the next page
- Please prepare payment instrument – CDC Trustee (fund name/plan name) . For details of filling of Cheque kindly refer to the next page
- Please write your Portfolio no. (if any) or CNIC no. (in case of new investor) on the front of Cheque/Pay-order/Demand draft
- In case where signatures on form and cheque are different, the form must be signed by the Cheque issuer
- In any case cash will not be accepted. If the cheque is returned unpaid, the transaction of that day will be rejected

## 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 knowledge. I also confirm having read and understood the Trust Deeds Offering Documents, Supplemental Trust Deeds, and Supplemental Offering Documents that govern the transactions and further acknowledge understanding of the risks involved in mutual funds I/we also confirm having read and understood the applicable sales load percentages provided on the back of the form.

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

<b>Approached By</b> <input type="checkbox"/> Sales Staff <input type="checkbox"/> Others	<b>Form Received By</b>	<b>Name and Signatures of Reporting Agent</b>	Signature and Stamp of Distributor
<b>Order Number</b>		<b>Trade Authorized by</b>	Signature & Stamp of Transfer Agent
<b>Reporting Date</b>			
<b>Order Authorized by</b>			
<b>REMARKS:</b>			



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## TITLES FOR AL MEEZAN FAMILY OF FUNDS

Name of Fund	Type	Account Payee Title	Sales Load
• Meezan Islamic Fund (MIF)	• Growth B • Income	CDC Trustee Meezan Islamic Fund	2.00 %
• Al Meezan Mutual Fund (AMMF)	• Growth B • Income	CDC Trustee Al Meezan Mutual Fund	2.00 %
• KSE Meezan Index Fund (KMIF)	• Growth B • Income	CDC Trustee KSE Meezan Index Fund	2.00 %
• Meezan Islamic Income Fund (MIIF)	• Growth B, Growth C • Income	CDC Trustee Meezan Islamic Income Fund	0.5%
• Meezan Sovereign Fund (MSF)	• Monthly Income, • Growth C, Income	CDC Trustee Meezan Sovereign Fund	0.5%
• Meezan Cash Fund (MCF)	• Monthly Income, • Growth C, Income	CDC Trustee Meezan Cash Fund	0 %
• Meezan Balance Fund (MBF)	• Growth B	CDC Trustee Meezan Balanced Fund	2.00 %
• Meezan Tahaffuz Pension Fund (MTPF)		CDC Trustee Meezan Tahaffuz Pension Fund	3.00 %
• Meezan Gold Fund	• Growth C	CDC Trustee Meezan Gold Fund	2.00 %
<b>Meezan Financial Planning Fund of Funds-Plans</b>	<b>Allocation Scheme</b>		
	<b>MIF (Equity)</b>	<b>MSF (Income)</b>	
Meezan Financial Planning Fund of Funds (MFPP) Aggressive Allocation Plan	65%*	25%*	CDC Trustee MFPP Aggressive Allocation Plan 2.00 %
Meezan Financial Planning Fund of Funds (MFPP) Moderate Allocation Plan	45%*	45%*	CDC Trustee MFPP Moderate Allocation Plan 1.5%
Meezan Financial Planning Fund of Funds (MFPP) Conservative Allocation Plan	20%*	70%*	CDC Trustee MFPP Conservative Allocation Plan 1.00 %

\*Minimum Allocation



# RISK PROFILE FORM

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Portfolio No.

Old Reg. No.

Help us understand your financial needs better. Kindly fill the form below to give you a customized solution for your investment goals.

Circle the below responses as per your choices:

Age(in yrs):	1. Above 60	2. 50-60	3. 40-50	4. Below 40
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## Risk- Return Tolerance Level

1. Lower Risk, Lower Returns
4. Medium Risk, Medium Returns
8. Higher Risk, Higher Returns

## Monthly Savings:

2. Rs. 25,000- Rs. 50,000
2. Rs. 50,000- Rs. 150,000
2. Rs. 150,000- Rs. 500,000
2. More than Rs. 500,000

## Occupation:

1. Retired
2. Housewife/ Student
3. Salaried
4. Business/ Self-employed

## Investment Objective:

2. Cash Management
4. Monthly Income
8. Capital Growth/ Long term savings
8. Retirement

## Your level of knowledge of Investments and Financial markets?

2. Limited Knowledge
2. Basic
2. Average
2. Good
2. Excellent

## Investment Horizon:

2. Less than 6 months
4. Less than 1 year
6. 2- 3 years
8. 3 – 5 years
8. More than 5 years

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

	Scores	Investor Portfolio	Fund
Calculate your Ideal Portfolio	33-38	Aggressive	Equity
	24-32	Balance	Balanced
	15-23	Stable	Income
	11-14	Conservative	Money Market

## 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 knowledge. I also confirm having read and understood the Trust Deeds, Offering Documents, Supplemental Trust Deeds, and 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.

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

Name of Sales Person

Name of Manager

Signature of Sales Person

Signature of Manager