

Account Update Form

Date: _____

Section 1: Account Details

Account Title: _____ JSIL Account No.: _____
CNIC / Passport No. (For Individuals | in case of Minor, provide Guardian's): _____ NTN: _____

Request Change in:

- Address / Contact Details (2) Bank and Payment Details (4) Account Operating instructions (6)
 Mail Delivery Instructions (3) Joint Applicant / Authorized Signatories Details (5) Signature (7)

Section 2: Address / Contact Details

Mailing Address: _____ Contact Person (For Institutions): _____
Mobile No.: _____ Phone No.: _____ Email Address: _____

Section 3: Mail Delivery Instructions

Would you like to receive SMS Alerts: Yes No Send Statements/Mails: Email* OR Postal Mail Send Fund Manager's Report: Email Do not send
*Please provide valid Email ID in section 2

Section 4: Bank and Payment Details (Note: Bank Account must be in the name of the Principal Account Holder)

Bank Account Title: _____ IBAN: _____
Branch Name: _____ Branch Code: _____ Bank Name: _____
Address: _____
would like to receive Proceeds as: Cheque Demand Draft Online Transfer to Bank Account (if available on Client's Bank Account)

Section 5: Authorized Signatory/ Nominee/ Joint Applicant Details (Note: For Joint Applicant, provide KYC Form and CNIC/Passport copies | For Authorized Signatories, attach Board Resolution | Provide information by attaching extra sheet of paper, if need be)

Nature of persons: Joint Applicants (For individual Accounts) Nominee (For individual Accounts) Authorized Signatories (For Institutional Accounts | Only Name and CNIC No. required)
Name: _____ Father's / Husband's Name: _____
Minor: Yes No Name of Guardian (in case of Minor): _____ Relationship with Minor (in case of Minor): _____
CNIC / Passport No. (in case of Minor, provide Guardian's): _____ Expiry Date: _____ Date of Birth: _____
Address: _____ Marital status: Married Single Religion: _____
Nationality: _____ Resident: Yes No
Mobile No.: _____ Phone No.: _____ Email Address: _____
Income From: Business Employment Retirement Savings Other, Please specify: _____
Occupation: Business Employment Retired Other, Please specify: _____

Section 6: Account Operating Instructions

- Signing Authority: (Singly) Principal Account Holder Only (Both) Principal and Joint Account Holder (Either) Principal or Joint Account Holder
 Other, Please specify _____
- Payout Instruction: Reinvest Dividend Disburse Dividend
- Share in Joint Account for Dividend Tax purposes: 100% Principal Only Share of Joint account holder %: _____ (Please specify)
- Zakat Deduction: Yes No* (*kindly provide Zakat Exemption Affidavit)
- Withholding Tax: Not Exempt Exempt* (*kindly provide Withholding Tax Exemption Affidavit)
- Value Added Services: a. Web Portal / Mobile App: Yes No b. Daily NAV: Email SMS c. Other Updates / Notifications: Email SMS

Section 7: Signature change

In case of Signature change, please provide new specimen signature:

Name: _____
CNIC / Passport: _____
 Principal Account Holder Joint Account Holder Authorized Signatory

Specimen Signature on Records

New Specimen Signature

Section 8: Declaration (for All Applicants)

I/We hereby acknowledge that I/We have fully understood all the reference notes. I/We hereby ratify that the information provided on this form is correct and that no other person(s) has any financial interest in this account. I/We will not claim repatriation from Pakistan of dividend or sales proceed of unit(s) registered in my/our account except as permissible under the rules of State Bank of Pakistan or Ministry of Finance, Government of Pakistan.

Principal / Authorized Signature

Joint / Authorized Signature

Authorized Signature

Authorized Signature

Note: In case of Minor / Guardian / Shaky signature / Thumb Impression, please submit a clear copy of CNIC and "B-form" (only in case of Minor). In such cases, two witnesses are required to sign the form.

Witness (1) Name: _____ Signature: _____ CNIC/ Passport No.: _____
Witness (2) Name: _____ Signature: _____ CNIC/ Passport No.: _____

Reference Notes

- If any field is not applicable, please write N/A. ● For Institutions, form must be signed by persons as per list of authorized signatories, along with Company stamp. ● In case the Principal Account Holder is Minor, guardian's authenticated CNIC copy by his / her banker shall be provided. ● Management Company or Trustee has the right to reject application. ● All correspondence will be made with the "Contact person" (for institutions), and Principal Account Holder, or Guardian in case of Minor (for individuals). ● Web/ Mobile App User ID and Password (if requested) shall be sent via Email. ● Zakat Exemption Affidavits of all joint holders are required for Zakat Exemption. In case of Non-muslim, Zakat Deduction will not be applicable.

For Official Use

Channel Partner: _____ Region / City: _____ Branch Name / Code: _____
Relationship Manager: _____ Comments: _____

Proof of Application for Account Update - (Investor's Copy)

Account Title: _____ JSIL Account No. _____ Date: ____ - ____ - ____
Account Update requested: _____
Channel Partner: _____ Relationship Manager: _____

Receiving Stamp & Signature: