Sahulat Sarmayakari Account Opening Form

(No Cash Acceptable)
(نقد رقم وصول نہیں کی جاتی)

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Date: _____

Section 1: Principal Account Holder

Name: Mr/ Mrs/ Ms: _____
Father's/ Husband's Name: _____ Mother's Maiden Name: _____
CNIC/ Passport No. _____ CNIC Issue Date: _____
CNIC Expiry Date: _____ Date of Birth: _____ Place of birth: _____ Religion: _____
Marital status: ☐ Married ☐ Single Nationality: _____ Resident: ☐ Yes ☐ No
Mailing address: _____
Province: _____ Mobile no. _____ Phone No.: _____ Email Address: _____

Section 2: Nominee Details

Name (Mr/ Mrs/ Ms): _____
Father's / Husband's Name: _____ Mother's Maiden Name: _____
CNIC/ Passport No.*(in case of Minor, provide B-Form number): _____ CNIC Issue Date: _____
CNIC Expiry Date: _____ Date of Birth: _____ Religion: _____
Marital status: ☐ Married ☐ Single Nationality: _____ Resident: ☐ Yes ☐ No
Mailing Address: _____
Province: _____ Mobile No.:_____ Phone No.: _____ Email Address: _____

Section 3 Bank Details (Note: Bank Account must be in the name of the Principal Account Holder)

Bank Account Title: _____ Bank Name: _____
Bank Account/ IBAN No.: _____ Branch Name: _____ Branch Code: _____
Address: _____

Section 4: Operating Instructions

1.Payout Instructions: ☐ Reinvest Dividend ☐ Disburse Dividend **2. Modes of Transaction:** ☐ **Online** ☐ Physical ☐ Both
3. Zakat Deduction ☐ Yes ☐ No* (*kindly provide zakat Exemption affidavit)
4. Purpose and intended nature of business relationship: ☐ Investment (others please specify) _____

Section 5: Know Your Customer (KYC)

Source of Income: ☐ Salary ☐ Business ☐ Inheritance ☐ Savings/ In ☐ Other, Please specify:_____
Occupation: ☐ Private Service ☐ Govt. Service ☐ Homemaker ☐ Student ☐ Retired ☐ Self-Employment ☐ Real Estate Dealer ☐ Metals & Precious Stones Dealer
☐ Lawyer/ Legal Advisor ☐ Accountant/ Tax advisor ☐ Other, Please specify: _____ Nature of Business (Sole Proprietor): _____
☐ Incase of Homemaker/ Student, please specify dependency on:_____ Monthly Income: _____

a)	1) Are you a resident/ national of any country other than Pakistan? (If "Yes", please fill point #2 below):	☐ Yes ☐ No
	2) Do you belong to a country that is not part of FATF (Financial Action Task Force*):	☐ Yes ☐ No
b)	Do you have any business relationship or transactions in/ from offshore Tax Haven countries?	☐ Yes ☐ No
c)	Has any Financial Institution ever refused to open your account.	☐ Yes ☐ No
d)	Do you deal in high value items i.e. Gold, Silver, Diamonds, Metals, Gems etc.?	☐ Yes ☐ No
e)	Are you a resident or inhabitant of Southern Punjab or Afghan Border?	☐ Yes ☐ No
f)	Do you hold a high profile position i.e. Sports or Media Personality?	☐ Yes ☐ No
g)	Are you acting on behalf of any other person? (If "yes", please provide "Declaration for Ultimate Beneficia l Ownership").	☐ Yes ☐ No
h)	Are you a domestic or foreign "Politically Exposed Person" (PEP)?	☐ Foreign ☐ Domestic ☐ Neither
i)	Are you a family member or close associate of a domestic or foreign "Politically Exposed Person" (PEP)?	☐ Foreign ☐ Domestic ☐ Neither

* FATF members: Argentina | Australia | Austria | Belgium | Brazil | Canada | China | Denmark | Finland | France | Germany | Greece | Hong Kong (China) | Iceland | India | Ireland | Italy | Japan | Korea | Luxembourg | Malaysia | Mexico | Netherlands | New Zealand | Norway | Portugal | Russian Federation | Singapore | South Africa | Spain | Sweden | Switzerland | Turkey | United Kingdom | United States

Section 6: Declaration

✓ I hereby acknowledge that I have fully understood all the reference notes. I hereby ratify that the information provided on this form is correct and we shall immediately update **JS Investments Limited (JSIL)** if there is any change in the information, including change in source of wealth/ income. I authorize JSIL to verify any/ all information provided in this from. I 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.

✓ I hereby acknowledge that I have been informed of the general risks of investment in mutual funds by JSIL, through its authorized representatives and distribution agents, to my complete satisfaction. I fully understand that past performance does not necessarily indicate future performance and no guarantee of any profit or return on investments in any Mutual Funds is given.

✓ Further, I understand that the single transaction amount should not exceed Rs.400,000/- and the maximum annual investment limit in sahulat sarmayakari account is Rs.800,000/-. Furthermore, the cumulative investment balance at any point in time will not exceed Rs.1,000,000/-. In case the investment limit or cumulative balance exceeds the above threshold, the category of my account will be converted from sahulat sarmayakari to a regular saramayakari account, I undertake to complete and provide regular account opening and KYC requirements/documents in the future as required and the transaction will be withheld till completion of necessary formalities.

میں تسلیم کرتا/کرتی ہوں کہ میں نے تمام حوالہ جات کو مکمل طور پر سمجھ لیا ہے ۔ میں اس بات کی توثیق کرتا/ کرتی ہوں کہ اس فارم میں فراہم کردہ معلومات درست ہے آمدنی کے ذریعے میں تبدیلی ہوئی تو جے ایس انوسٹمنٹس لمیٹڈ (جے ایس آئی ایل) کو فوری طور پر مطلع کروں گا/گی۔ میں اس فارم میں فراہم کردہ کسی بھی/تمام معلومات کی توثیق کرنے کا (جی ایس آئی ایل) کو اختیار دیتا/دیتی ہوں میں پاکستان سے ڈیویڈنڈ یا میرے اکاونٹ میں رجسٹرڈ یونٹس کی فروخت میں سے حاصل ہونے والی آمدنی کی واپسی کا مطالبہ نہیں کروں گا/ گی ماسوائے جس کی اسٹیٹ بینک آف پاکستان یا منسٹری آف فنانس، حکومت پاکستان کے قوانین کے تحت اجازت دی گئی ہے۔ میں تسلیم کرتا/کرتی ہوں کہ مجھے جے ایس انوسٹمنٹس لمیٹڈ (جے ایس آئی ایل) نے اپنے بااختیار نمائندوں اور ڈسٹری بیوشن ایجنٹوں کے ذریعے، میرے مکمل اطمینان کے لئے میں چل فنڈ میں سرمایہ کاری کے عمومی خطرات سے مطلع کیا ہے۔ میں یہ بات سمجھتا/ سمجھتی ہوں کہ ماضی کی کارکردگی کسی بھی لحاظ سے مستقبل کے نتائج کی ضامن نہیں ہے اور کسی میوچل فنڈ میں سرمایہ کاری پر کسی بھی منافع کی کوئی ضمانت نہیں دی ہے ۔ مزید، میں سمجھتا/ سمجھتی ہوں کہ ایک ٹرانزیکشن کی رقم -/400,000 سے زیادہ نہیں ہونی چاہیے اور سہولت سرمایہ کاری اکاؤنٹ میں زیادہ سے زیادہ سالانہ سرمایہ کاری کی حد -/800,000 روپے ہے۔ مزید یہ کہ کسی بھی وقت مجموعی سرمایہ کاری کا بیلنس -/1,000,000 روپے سے زیادہ نہیں ہوگا۔ اگر سرمایہ کاری کی حد یا مجموعی بیلنس مندرجہ بالا حد سے زیادہ ہو جائے تو، میرے اکاؤنٹ کے زمرے کو سہولت سرمایہ کاری سے باقاعدہ سرمایہ کاری اکاؤنٹ میں تبدیل کر دیا جائے گا، میں مستقبل میں باقاعدہ اکاؤنٹ کھولنے اور KYC کی ضروریات/دستاویزات کو مکمل کرنے کا عہد کرتا ہوں۔ مزید یہ کہ ضروری معلومات فراہم کرنے تک میرے اکاونٹ کا لین دین روکا جا سکتا ہے۔

Specimen Signature for records

Principal/ Authorized Signature

Reference Notes: ● If any field is not applicable, please write N/A. ● Management Company or Trustee has the right to reject application. ● All correspondence will be made with the Principal Holder. ● Web portal User ID and Password (if request) shall be sent via Email. ● Zakat Exemption is required for Zakat Exemption. ● Zakat deduction will not be applicable.

For Official Use

Channel Partner: _____ Region/ City: _____ Branch name/ Code: _____
Relationship Manager: _____ Account Number (If Any):: _____

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Risk Profiling Questionnaire (RPQ)

For Individual Clients

Name of applicant:_____ **Date:** _____

Q. 01 Please select your age range?

A. ☐ Over 60 years or below 18 years
B. ☐ Between 50 and 60 years
C. ☐ Between 30 and 50 year
D. ☐ Between 18 and 30 year

Q. 02 How do you consider your capital market experience and knowledge, as an investor?

A. ☐ Basic
B. ☐ Average
C. ☐ Above Average/ Good
D. ☐ Very Good

Q. 03 What are you looking for in terms of your investment objective?

A. ☐ Capital preservation and regular income with very low risk investments avenues
B. ☐ Capital preservation and regular income with low risk investment avenues
C. ☐ Capital growth and regular income with medium risk investment avenues
D. ☐ Capital appreciation and returns with high risk investment avenues

Q. 04 Please select your average monthly income?

A. ☐ Less than PKR 100,000
B. ☐ Between PKR 100,000 and PKR 500,000
C. ☐ Between PKR 500,000 and 1000,000
D. ☐ More than PKR 1000,000

Q. 05 What levels of fluctuation in your investment would you generally accept?

A. ☐ Less than PKR 5%
B. ☐ Between 5% to 10%
C. ☐ Between 10% to 20%
D. ☐ More than 20%

How to Score your Risk Profile

- Each option has points associated with it. Score the answers in ascending order (A = 1, B = 2, C = 3, and D = 4).
- Please select one option under each question given
- Calculate all the scores given to each question in below table;

Question No.	Your Points
01	
02	
03	
04	
05	
Total Score	

The level of risk mentioned below is driven after ascertaining general risk factors applicable to the Mutual Funds industry;

Total Score	Risk Level	General Description
1 - 6	Low	Principle at Low risk
7 - 13	Medium	Principle at Medium risk
14 - 20	High	Principle at High risk

Declaration:

This RPQ has been filled to the best of my knowledge and I agree that this questionnaire only provides some indication of my risk profile, which may or may not exactly reflect my ability to take risk and/ or risk tolerance level. Moreover, JSIL has provided all the necessary advice about the Fund(s), under its management. I agree that any misleading or inaccurate information provided herein may give wrong outcome of the recommendation made. Further, JSIL will not be held liable for any financial consequences.

I hereby declare that -please tick (☑) the box;

☐ I wish to proceed with the recommended Fund as per the Risk Profiling Questionnaire
☐ I have decided to purchase other Fund(s) that is not recommended as per Risk Profile Questionnaire and I understand the risk associated with the Fund(s) of my choice

1. _____ 2. _____ 3. _____

_____
Applicant's Signature

Foreign Account Tax Compliance Act (FATCA) Checklist

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For Institutions, Individual & Joint Account Holders (Please write clearly using BLOCK LETTERS)

*If any of the below is selected as "YES" then kindly provide country specific supporting documents with details

S#	Particulars	Principal Applicant
1	Full Name — First	
	Middle	
	Last	
2	Country of Residence:	
3	Country of Birth:	
4	CNIC/ POC/ NICOP:	
5	Country of Incorporation (For entities)	
6	Are you a U.S. Resident?	☐ Yes ☐ No
7	Are you a U.S. Citizen?	☐ Yes ☐ No
8	Do you hold a U.S. Permanent Resident Card (Green Card)?	☐ Yes ☐ No
9	Are you a Resident/ Citizen of any other country? (Please specify)	☐ Yes ☐ No
10	Are you Dual National (Please specify what nationality do you hold)	☐ Yes ☐ No
11	Are you a Resident of any country other than Pakistan? (Please specify)	☐ Yes ☐ No
12	Do you have any tax obligation in a country other than Pakistan? (Note: If "YES" then please specify the list of countries along with its respective tax number, social security number, or local equivalent.)	☐ Yes ☐ No
13	Are you a U.S. Owned Entity/ any other country? (Please specify)	☐ Yes ☐ No
14	Have you a given Power of Attorney to any Person residing overseas? Please provide Attorney's Address:	☐ Yes ☐ No
15	W8BEN/ W9 Forms/ W8BENE Submitted with date of submission.	☐ Yes ☐ No

I/We hereby confirm the information provided above is true, accurate and complete.

I/We hereby provide my/our consent to JS Investments Limited (JSIL) or any of its affiliates to disclose and furnish and share information pertaining to my/ our account to domestic or overseas regulators or tax authorities where necessary to establish our tax liability in any jurisdiction.

I/ We also authorize JSIL to deduct withholding tax from my/ our account when required to do so by domestic or overseas regulators or tax authorities or pay out, from my/our account(s) such amounts as may be required according to applicable laws, regulations, agreements with regulators or authorities and directives.

I/We shall indemnify and hold JSIL harmless against any claim, damages, costs, expenses and other direct and/or indirect consequence of disclosing, furnishing and sharing any information with any domestic or overseas regulators or tax authorities.

I/We agree and undertake to notify the JSIL within thirty (30) calendar days if there is a change in any information which we have provided above.

_____

Principal /Authorized Signature

COMMON REPORTING STANDARD (CRS) FORM FOR INDIVIDUAL CLIENTS

Part 1 – Identification of Individual Account Holder

Name as per CNIC (Mr/ Mrs/ Ms): _____
Father/ Husband Name: _____ CNIC Number: _____
Date of Birth: _____ City of Birth: _____ Country of Birth: _____
Current Address: _____
Mailing Address: _____

Part 2 – Country of Residence for Tax Purposes and related Taxpayer Identification Number ("TIN")

Please indicate countries where Account Holder is tax resident and TIN for each country or equivalent number. If a TIN is unavailable please provide the appropriate reason A, B or C as explained below:
Reason A - The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents;
Reason B - The Account Holder is unable to obtain a TIN or equivalent number (Please explain reason of not obtaining TIN);
Reason C - No TIN is required for that country/ jurisdiction.

	Country of tax residence	TIN	If no TIN available enter Reason A, B or C
1			
2			
3			

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.

1	
2	
3	

Part 3 – Declarations 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 JSIL setting out how JSIL 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 information.
I certify that I am the Account Holder (or am authorized to sign for the Account Holder) of all the account(s) to which this form relates.
I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.
I undertake to advise JSIL within 30 days of any change in circumstances which affects the tax residency status of the individual identified above or causes the information contained herein to become incorrect or incomplete, and to provide JSIL with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

_____ _____
Signature Date

Note: If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.

_____ _____
Print Name Capacity