

# Sahulat Sarmayakari Account Opening Form

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

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: <input type="checkbox"/> Married <input type="checkbox"/> Single | Nationality: _____   | Resident: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Married <input type="checkbox"/> Single | Nationality: _____   | Resident: <input type="checkbox"/> Yes <input type="checkbox"/> 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

|                                                                                                                                   |                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Payout Instructions:</b> <input type="checkbox"/> Reinvest Dividend <input type="checkbox"/> Disburse Dividend              | <b>2. Modes of Transaction:</b> <input type="checkbox"/> Online <input type="checkbox"/> Physical <input type="checkbox"/> Both |
| <b>3. Zakat Deduction</b> <input type="checkbox"/> Yes <input type="checkbox"/> No* (*kindly provide zakat Exemption affidavit)   |                                                                                                                                 |
| <b>4. Purpose and intended nature of business relationship:</b> <input type="checkbox"/> Investment (others please specify) _____ |                                                                                                                                 |

## Section 5: Know Your Customer (KYC)

|                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Source of Income: <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Inheritance <input type="checkbox"/> Savings/ In <input type="checkbox"/> Other, Please specify: _____                                                                                                                                                                                                   |                                                                                                     |
| Occupation: <input type="checkbox"/> Private Service <input type="checkbox"/> Govt. Service <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Self-Employment <input type="checkbox"/> Real Estate Dealer <input type="checkbox"/> Metals & Precious Stones Dealer                                                                        |                                                                                                     |
| <input type="checkbox"/> Lawyer/ Legal Advisor <input type="checkbox"/> Accountant/ Tax advisor <input type="checkbox"/> Other, Please specify: _____                                                                                                                                                                                                                                                                 | Nature of Business (Sole Proprietor): _____                                                         |
| <input type="checkbox"/> In case 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):                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No                                            |
| 2) Do you belong to a country that is not part of FATF (Financial Action Task Force*):                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                            |
| b) Do you have any business relationship or transactions in/ from offshore Tax Haven countries?                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No                                            |
| c) Has any Financial Institution ever refused to open your account.                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                            |
| d) Do you deal in high value items i.e. Gold, Silver, Diamonds, Metals, Gems etc.?                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No                                            |
| e) Are you a resident or inhabitant of Southern Punjab or Afghan Border?                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No                                            |
| f) Do you hold a high profile position i.e. Sports or Media Personality?                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No                                            |
| g) Are you acting on behalf of any other person? (If "yes", please provide "Declaration for Ultimate Beneficia l Ownership").                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No                                            |
| h) Are you a domestic or foreign "Politically Exposed Person" (PEP)?                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Foreign <input type="checkbox"/> Domestic <input type="checkbox"/> Neither |
| i) Are you a family member or close associate of a domestic or foreign "Politically Exposed Person" (PEP)?                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Foreign <input type="checkbox"/> Domestic <input type="checkbox"/> 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 form. 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 sahumat 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 sahumat sarmayakari to a regular sarmayakari 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 ہے اس آئٹم (ہے اس آئی ٹیل) کو فوری طور پر مطلع کروں گا/گی۔ میں اس فارم میں فراہم کردہ کسی بھی/تمام معلومات کی توثیق کرنے کا (کی ہاں آئی ٹیل) کو اختیار دیتا/دیتی ہوں کہ پاکستان سے ڈیویڈنڈ یا میرے اکاؤنٹ میں رجسٹرڈ یونٹس کی فروخت میں سے حاصل ہونے والی آمدنی کی واپسی کا مطالبہ نہیں کروں گا/گی ہاں آئی ٹیل کے اسٹیک ہولڈر کے پاس، حکومت پاکستان کے قوانین کے تحت اجازت دی گئی ہے۔ میں تسلیم کرتا/کرتی ہوں کہ مجھے ہے اس آئٹم (ہے اس آئی ٹیل) نے اپنے بااختیار نمائندوں اور ڈسٹری بیوٹرز کے ذریعے، میرے عمل اطمینان کے لئے میں چل فٹ میں سرمایہ کاری کے عمومی خطرات سے مطلع کیا ہے۔ میں یہ بات سمجھتا/سمجھتی ہوں کہ ماسی کی کارکردگی کسی بھی لحاظ سے مستقبل کے نتائج کی ضمانت نہیں ہے اور کسی ہیویچل فٹ میں سرمایہ کاری پر کسی بھی نتائج 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 سہولت -/1,000,000 روپے سے زیادہ نہیں ہوگا۔ اگر سرمایہ کاری کی حد یا مجموعی سہولت مندرجہ بالا حد سے زیادہ ہو جائے تو، میرے اکاؤنٹ کے ذمے 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 اکاؤنٹ 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): _____ |                          |

## 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                 |             |
| <b>Total Score</b> | 0           |

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 \_\_\_\_\_

**Disclaimer:** All investments in mutual funds are subject to market risks. Past performance is not necessarily indicative of future results. Please read the Offering Documents to understand the investment policies and the risks involved.

# Foreign Account Tax Compliance Act (FATCA) Checklist

**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                                                                                                                                     | <div>First</div> <div>Middle</div> <div>Last</div>                                                                                                        |
| 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?                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                  |
| 7  | Are you a U.S. Citizen?                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                  |
| 8  | Do you hold a U.S. Permanent Resident Card (Green Card)?                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                  |
| 9  | Are you a Resident/ Citizen of any other country? (Please specify)                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><div></div>                                                                                   |
| 10 | Are you Dual National (Please specify what nationality do you hold)                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><div></div>                                                                                   |
| 11 | Are you a Resident of any country other than Pakistan? (Please specify)                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><div></div>                                                                                   |
| 12 | Do you have any tax obligation in a country other than Pakistan?                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><div></div>                                                                                   |
|    | (Note: If "YES" then please specify the list of countries along with its respective tax number, social security number, or local equivalent.) |                                                                                                                                                           |
| 13 | Are you a U.S. Owned Entity/ any other country? (Please specify)                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><div></div>                                                                                   |
| 14 | Have you a given Power of Attorney to any Person residing overseas?                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><div>Please provide Attorney's Address:</div> <div></div> <div></div> <div></div> <div></div> |
| 15 | W8BEN/ W9 Forms/ W8BENE Submitted with date of submission.                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><div></div>                                                                                   |

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