Account Opening Form (1 of 2)
For Individuals

(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. *(in case of Minor, provide B-Form number or juvenile card: _____ Date of Birth: _____

CNIC Issue Date: _____ CNIC Expiry Date: _____ Place of Birth: _____ Religion: _____
Marital Status: ☐ Married ☐ Single Nationality: _____ Resident: ☐ Yes ☐ No
Mailing Address: _____ Province: _____
Mobile no. _____ Phone No. _____ Email Address: _____

In case of Minor Account:
Name of Guardian: _____
Relation with minor: _____ Guardian CNIC: _____ CNIC Issue Date: _____
Mobile no. _____ Phone No. _____ CNIC Expiry Date: _____

Section 2: Joint Account Holder / Nominee Details | All Joint Holders must fill out and submit KYC form

DETAIL Type: ☐ **Joint Account Holders (For Joint Account Only)** ☐ **Nominee(s) (For Single Account Only)***

1. Name (Mr/ Mrs/ Ms): _____ Share (in joint holding or nomination %*): _____
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:_____ Place of Birth: _____ Religion: _____
Marital status: ☐ Married ☐ Single Nationality: _____ Resident: ☐ Yes ☐ No Relationship with Principal: _____
Mailing Address: _____ Province: _____
Mobile No.:_____ Phone No.: _____ Email Address: _____

2. Name (Mr/ Mrs/ Ms): _____ Share (in joint holding or nomination %*): _____
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:_____ Place of Birth: _____ Religion: _____
Marital status: ☐ Married ☐ Single Nationality: _____ Resident: ☐ Yes ☐ No Relationship with Principal: _____
Mailing Address: _____ Province: _____
Mobile No.:_____ Phone No.: _____ Email Address: _____

3. Name (Mr/ Mrs/ Ms): _____ Share (in joint holding or nomination %*): _____
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:_____ Place of Birth: _____ Religion: _____
Marital status: ☐ Married ☐ Single Nationality: _____ Resident: ☐ Yes ☐ No Relationship with Principal: _____
Mailing Address: _____ Province: _____
Mobile No.:_____ Phone No.: _____ Email Address: _____

*** Declaration for assigning Nominees:** I , hereby, nominate the above_____ (mention number) person(s) hereinafter referred to as Nominee(s) to be entitled to receive total number of units and any unpaid pending dividend(s) held in my above stated account maintained with JS Investments Limited according to their respective shares as in case of my death. I hereby agree and accept that nomination(s) shall not be binding upon Management Company and the Trustees, who may at their sole discretion, demand for Succession Certificate or any other mandate from a competent authority or an indemnification by the Nominee(s) before releasing the proceeds of or transferring the units held in my account to the Nominee(s). I further undertake and agree that the Management Company and/or Trustees shall not be liable or held responsible for any issues or disputes arising out of this nomination. The entitlement to a fraction of a unit may be consolidated and proceeds/ ownership of units and unpaid dividend(s) may be paid/transferred to the above nominees.

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

Bank Account Title: _____ Bank Name: _____
IBAN: _____ Branch Name: _____ Branch Code: _____
Address: _____

Principal /Authorized Signature (Or Guardian in case of minor)	Joint 1 (if any) / Authorized Signature	Joint 2 (if any) / Authorized Signature	Joint 3 (if any) / Authorized Signature
_____	_____	_____	_____

For Official Use

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

Account Opening Form (2 of 2)
For Individuals

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Section 4: Operating Instructions

1. **Signing Authority:** ☐ (Singly) Principal Account Holder Only ☐ All Principal and Joint Holder(s) ☐ (Either/Or) Principal or Joint Holder(s)
2. **Payout Instructions:** ☐ Reinvest Dividend ☐ Disburse Dividend
3. **Modes of Transactions:** ☐ Online ☐ Physical ☐ Both
4. **Zakat Deduction** ☐ Yes ☐ No* (*kindly provide zakat Exemption affidavit
5. **Purpose and intended nature of business relationship:** ☐ **Investment (others please specify)** _____

Section 5: Know Your Customer (KYC) Details for Principal Account Holder (Joint Holders, if any, must fill out and submit separate KYC forms

Source of Income: ☐ Salary ☐ Business ☐ Inheritance ☐ Savings/ Investments ☐ 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:_____ Type of Counter Parties (Sole Proprietor): _____

Expected Investment ☐ Under Rs. 100,000 ☐ Under 500,000 ☐ Under 1,000,000 ☐ Over 1,000,000

Expected No. of Transactions: _____ Expected Monthly Turnover in account: _____

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)	Is your total investment in JS Investments more than Rs. 25 million?	☐ Yes ☐ No
g)	Do you hold a high profile position i.e. Sports or Media Personality?	☐ Yes ☐ No
h)	Are you acting on behalf of any other person? (If "yes", please provide "Declaration for Ultimate Beneficia l Ownership").	☐ Yes ☐ No
i)	Are you a domestic or foreign "Politically Exposed Person" (PEP)?	☐ Foreign ☐ Domestic ☐ Neither
j)	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/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 we shall immediately update **JS Investments Limited (JSIL)** if there is any change in the information, including change in source of wealth/ income. I/We hereby authorize JSIL to verify any or all information related to KYC, CNIC verification using NADRA Verisys, IBAN and Mobile Number verification as provided herein above in this form. 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. I/We hereby acknowledge that I/We have been informed of the general risks of investment in mutual funds by JSIL, through its authorized representatives and distribution agents, to my/our complete satisfaction. I/We 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.

میں/ہم تسلیم کرتے ہیں کہ میں/ہم نے تمام حوالہ جات کو مکمل طور پر سمجھ لیا ہے۔ میں/ہم اس بات کی توثیق کرتے ہیں کہ اس فارم میں فراہم کردہ معلومات درست ہے اور اگر معلومات میں کوئی تبدیلی بشمول دولت / آمدنی کے ذریعہ میں تبدیلی ہوئی تو، جے ایس انویسٹمینٹس لمیٹڈ (جے ایس آئی ایل) کو فورے طور پر مطلع کرینگے۔ میں/ ہم اس فارم میں فراہم کردہ کسی بھی / تمام معلومات جو کہ (KYC) سے متعلق یا شناختی کارڈ کی تصدیق نادرا ویریسیس کے ذریعے، بینک اکاؤنٹ (IBAN) سے متعلق اور موبائل نمبر کی توثیق کرنے کا اختیار جے ایس انویسٹمینٹس لمیٹڈ کو دیتے ہیں۔ میں / ہم پاکستان سے ڈیویڈینڈ یا میرے اکاونٹ میں رجسٹر یونٹس کی فروخت سے حاصل ہونے والی آمدنی کی واپسی کا مطالبہ نہیں کریں گے ما سوائے جس کی اسٹیٹ بینک آف پاکستان یا منسٹری آف فنانس، حکومت پاکستان کے قوانین کے تحت اجازت دی گئی ہے ۔ میں/ہم تسلیم کرتے ہیں کہ مجھے / ہمیں جے ایس انویسٹمینٹس لمیٹڈ (جے ایس آئی ایل) نے اپنے یا اختیار نمائندوں اور تقسیم کار ایجنٹوں کے ذریعے، میرے / ہمارے مکمل اطمینان کے لئے میوچل فنڈز میں سرمایہ کاری کے عمومی خطرات سے مطلع کیا گیا ہے۔ میں/ہم یہ بات سمجھتا / سمجھتے ہیں کہ ماضی کی کارگردگی کسی بھی لحاظ سے مستقبل کے نتائج کی ضامن نہیں ہے اور کسی میوچل فنڈز میں سرمایہ کاری پر کسی بھی منافع کی کوئی ضمانت نہیں دی ہے۔

Specimen Signature for records	Specimen Signature for records	Specimen Signature for records	Specimen Signature for records
Principal /Authorized Signature (Or Guardian in case of minor)	**Joint 1 (if any) / Authorized Signature**	**Joint 2 (if any) / Authorized Signature**	**Joint 3 (if any) / Authorized Signature**

Note: In case of Minor/ Guardian, please submit clear copy of "B-Form" or SNIC. In case of thumb impression/ shaky/ immature signature, please submit a photograph- (which may be a digital photograph). In all 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. ● In case the Principal Holder is Minor, guardian's CNIC copy shall be provided. ● Management Company or Trustee has the right to reject application. ● All correspondence will be made with the Principal Holder (or Guardian in case of Minor) for Individual accounts ● Web portal User ID and Password (if request) shall be sent via Email. ● Zakat Exemption Affidavits of all joints holders are required for Zakat Exemption. In case of Non-muslim, Zakat deduction will not be applicable. ● *Passport number in case of foreigner only. ● Natural person(s) having shareholding/ voting rights of more than 25% shall be consideredas UBO. Moreover, natural person(s) as Directors, Settlor, Trustee(s), Beneficiaries for Foundations, Trust or non-profit organizations shall also be considered UBO(s). *Share percentage in joint holding account is for tax treatment.

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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	Joint Applicant 1	Joint Applicant 2	Joint Applicant 3
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	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
7	Are you a U.S. Citizen?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
8	Do you hold a U.S. Permanent Resident Card (Green Card)?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
9	Are you a Resident/ Citizen of any other country? (Please specify)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
10	Are you Dual National (Please specify what nationality do you hold)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
11	Are you a Resident of any country other than Pakistan? (Please specify)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ 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	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
13	Are you a U.S. Owned Entity/ any other country? (Please specify)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
14	Have you a given Power of Attorney to any Person residing overseas? Please provide Attorney's Address:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
15	W8BEN/ W9 Forms/ W8BENE Submitted with date of submission.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ 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 (Or Guardian in case of minor)	Joint 1 (if any) / Authorized Signature	Joint 2 (if any) / Authorized Signature	Joint 3 (if any) / Authorized Signature

Declaration / Undertaking on "Source of Income" & "Source of Funds"

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Date: ____-____-_____

Name:_____ Father's / Husband's name:_____

CNIC No. _____ JSIL A/C #_____

Further to my request for opening of account with **JS Investments Limited ("JS Investments")**, I do hereby declare the following:

A. Source of Income *(where "Income" means money received on regular basis in exchange providing goods or services or investing capital)*

My monthly income is: PKR _____ and,

Please check mark one or more options that apply to you, and attach relevant documentary proofs:

- ☐ I am a **Self-employed individual**. <Attach Business ownership / Proprietorship / Partnership document | Professional membership card OR Any other equivalent document>
- ☐ I am a **Salaried individual**. <Attach proof of Employment e.g. Job card | Employment Letter>
- ☐ I earn regular **Investment Income.** <Attach Proof of Investment Income>
- ☐ I am a **Company owner** of a "Limited Company". <Attach Form A or Form B, and Form 29>
- ☐ I have **No Source of Income**. <For **Retired person** OR **Un-employed OR Housewife/Homemaker** etc>
- ☐ I am a **Minor**. <Attach Guardian's Source of Income>

B. Source of Funds *(where "Funds" refers to the amount(s) you invest in schemes managed by JS Investments)* (Only Required if investment amount is more than Rs. 2 million)

Please check mark one or more options that apply to you, and attach relevant documentary proofs:

- ☐ My investment is funded by **my current Income**. <Attach documentary proof of income, for example: "Pay-slip" OR "Profit statement of Partnership / Business / Company" OR "Proof of Investment Income" OR Equivalent document>

  Note: (If Investment amount is more than 4 times your annual income declared in Section A above, you must declare additional "Source of Funds" from the options in Section B)
- ☐ My investment is funded by my **Savings** from past income. <Attach documentary proof of Savings, for example "Wealth statement" OR "Past Employment Experience Certificate & Pay-slip" OR "Past Business ownership document & Profit statement of business" OR Other Equivalent document>
- ☐ My investment is funded by my **Father / Husband / Son** Or _____. <Attach CNIC, KYC Form, and Declaration / Undertaking of Source of Income / Funds for the person funding your investment.>
- ☐ My investment is funded by **"Sale of Asset"** Or **"Inheritance"** Or _____. <Attach proof of funding e.g. "Property sale document" OR "Succession & Inheritance document" OR Other Equivalent document>

I undertake that in case of changes in information above, I shall immediately declare the same to **JS Investments.**

I also hereby undertake responsibility of the truthfulness, accuracy and completeness of facts/ information stated herein and agree to hold **JS Investments** and its officers, severally and jointly, indemnified and harmless from and against any adverse consequences including all loss(es), damage(s), cost(s) and expense(s) (including legal form) that may result on account of any defect in the truthfulness, accuracy and completeness of facts and information stated herein.

Sincerely yours,

_____

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